PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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.

Open to Public

_	For the O			VII OIIII330 IOI III3ti uctions						ection			
_	•		dar year, or tax year beginning		2023, and end	ing			, 20				
В	Check if ap	plicable:	C Name of organization CHARLES							tion number			
Ш	Address ch	nange	Doing business as STAND TOO						27-496773	32			
Ш	Name char	nge	Number and street (or P.O. box if	mail is not delivered to street ac	dress)	Room/sui		E Telephone					
Ш	Initial return	1	4201 WILSON BLVD.			080	00	(7	03) 214-7	<u>118</u>			
	Final return	terminated/	City or town, state or province, co	ountry, and ZIP or foreign postal	code								
	Amended r	eturn	ARLINGTON, VA 22203					G Gross rec	eipts \$	1,624,887			
	Application	pending	F Name and address of principal off	icer: DEREK JOHNSON		H(a) Is this a grou	up return for sub	oordinates?	_ Yes No			
			SAME AS C ABOVE			H(b	•			_ Yes ∟ No			
<u></u>	Tax-exemp		✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		If "No," at	tach a list. S	See instruct	ions.			
J	Website:		ARLESKOCHINSTITUTE.ORG			H(c) Group ex	emption nun	nber				
_		anization: 🗸	Corporation Trust Associa	tion Other	L Year of form	mation:	2011	M State of le	egal domici	ile: DE			
Р		Summa	-										
	1 B	riefly des	cribe the organization's miss	ion or most significant ac	tivities: INSP	IRED BY	A RECO	SNITION T	HAT FRE	E			
Se	_F	PEOPLE ARE CAPABLE OF EXTRAORDINARY THINGS, STAND TOGETHER FELLOWSHIPS											
Governance	((CONTINU	ED ON SCHEDULE O)										
Veri	2 C	heck this	box	scontinued its operations	or disposed	of more	than 25	% of its n	et assets	; .			
ő	3 N	lumber of	voting members of the gove	rning body (Part VI, line 1	a)			3		4			
∞	4 N	lumber of	independent voting member	s of the governing body (Part VI, line 1	b)		4		4			
Activities &	5 T	otal numb	oer of individuals employed ir	n calendar year 2023 (Par	t V, line 2a)			5		19			
ξį	6 T	otal numb	per of volunteers (estimate if	necessary)				6		19			
Ac	7a T	otal unrel	ated business revenue from I	Part VIII, column (C), line	12			7a		1,131,980			
			ed business taxable income					7b		298,496			
				· · ·			Prior Year		Curren	nt Year			
a)	8 C	ontributio	ons and grants (Part VIII, line	1h)			63	34,838		148,120			
Revenue			ervice revenue (Part VIII, line		0		0						
š		-	income (Part VIII, column (A	=:			2.44	19,715		160,949			
æ			nue (Part VIII, column (A), line	-				9,698)		1,315,818			
			ue—add lines 8 through 11 (n		-			34,855		1,624,887			
			I similar amounts paid (Part I	· · · · · · · · · · · · · · · · · · ·				17,943		976,593			
			aid to or for members (Part IX				-,-	0					
"		-	her compensation, employee I				1.61	10,776		1,811,091			
Expenses			al fundraising fees (Part IX, c	·			1,0	0		0			
Sen			aising expenses (Part IX, col		0			0					
Ä			enses (Part IX, column (A), line		<u>·</u>		1 8	53,709		2,031,407			
			nses. Add lines 13–17 (must		line 25)			32,428		4,819,091			
	1	-	ess expenses. Subtract line 1					7,573)		(3,194,204)			
_ s		everiue ie	ss expenses. Subtract line 1	o nomine iz		Roginnia	ng of Curre	- /	End of				
tso	20 T	otal accet	o (Dort V. line 16)			begiiiiii	418.63						
\sse Bala	20 T 21 T		s (Part X, line 16) ties (Part X, line 26)				-,	12,098		<u>429,977,010</u> <u>949,703</u>			
Net Assets or Fund Balances	21 I		or fund balances. Subtract li			-	417,09			429,027,307			
_			re Block	nezi ironi iinezo			417,08	33,230		429,027,307			
								h 4 - 6 I					
			, I declare that I have examined this i e. Declaration of preparer (other than						knowledge	and belief, it is			
	1	•					1						
Sig	nn l	Signature	of officer				Date						
	ere	•					Date						
пе	ei e		HEUER, TREASURER int name and title										
				Drongray's signature	-	Doto			DTIN				
Pa	id	1	preparer's name	Preparer's signature		Date		Check self-employe	if PTIN	0.40000.4			
Pr	eparer	parer MICHAEL ENGLE MICHAEL ENGLE				11/08/202			1 0	0482834			
	e Only	Firm's nan	· · · · · · · · · · · · · · · · · · ·				Firm's		44-016				
		Firm's add		00, KANSAS CITY, MO 6410			Phone	no.	(816) 22				
	•		this return with the preparer s	•	ctions				✓ Y				
For	Paperwo	rk Reduct	ion Act Notice, see the separa	te instructions.	Cat.	No. 11282	2Y		For	rm 990 (2023)			

Form 990 (2023)

Statement of Program Service Accomplishments Check if Schedule Contains a response or note to any line in this Part III	1 01111 33	50 (2023)	aye 🚄
1 Briefly describe the organization's mission: INSPIRED BY A RECOGNITION THAT FREE PEOPLE ARE CAPABLE OF EXTRAORDINARY THINGS, STAND TOGETHER FELLOWSHIPS SUPPORTS EDUCATIONAL PROGRAMS AND DIALOGUE TO ADVANCE THESE PRINCIPLES, CHALLENGE CONVENTION, AND ELIMINATE BARRIERS THAT STIFLE CREATIVITY AND PROGRESS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? **Organization cease conducting, or make significant changes in how it conducts, any program services? **Organization cease conducting, or make significant changes in how it conducts, any program services? **Organization's program service accomplishments for each of its three largest program services, as measured expenses, Section 501(s) and 501(s)(d) and 501(s)(d) organizations are required to report the amount of grants and allocations to other total expenses, Section 501(s) and 501(s)(d) and 501(s)(d	Part		$\overline{}$
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	\ \ \	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4	~	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	>	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	~	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	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		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	~	
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	\ \ \	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d		
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	25a		•
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	25b 26		~
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		,
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		~
	conservation contributions? If "Yes," complete Schedule M	30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		V
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? <i>If "Yes," complete Schedule R, Part I</i>	33	~	
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	>	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	~	
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36	'	V
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	-
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	•		
	Oneck if Schedule O contains a response of note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 56			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	>	

	0 (2020)			age U
Part			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 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	'	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	'	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b	'	
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		1
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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	IJa		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
		14a		~
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a 14b		
b 15	Is the organization subject to the section 4960 tax on payments? If No, provide an explanation on Schedule O.	140		
13	excess parachute payment(s) during the year?	45		.,
		15		~
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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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. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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? . 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 ~ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b V Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b / Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 ~ 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official . . . 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 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. Own website Another's website ✓ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. HENRICH HEUER, 4201 WILSON BLVD, SUITE 0800, ARLINGTON, VA 22203, (703) 214-7118

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.												
				((C)							
(A)	(B)				ition			(D)	(E)	(F)		
Name and title	Average					e than d is both		Reportable	Reportable	Estimated amount		
	hours per week		officer and a director/true				ee)	compensation from the	compensation from related	of other compensation		
	list any	Individual trustee or director	Inst	Officer	Key employee	High	Former	organization (W-2/	organizations (W-2/	from the		
	hours for related	vidu	Institutional trustee	er	em	nest	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations		
	organizations	al tr	onal		oloy	ě com		.555 .125,	,	rolated organizations		
	below dotted line)	uste	trus		8	pen						
		Ф	tee			Highest compensated employee						
(1) HUGH CHERRY	50.0											
MANAGING DIRECTOR	0.0	1				~		182,527	0	33,929		
(2) ANDREW DELMEGE	50.0											
DIRECTOR, EDUCATION	0.0					~		175,437	0	39,265		
(3) BENET WILSON	50.0											
DIRECTOR, MEDIA & JOURNALISM PROGRAMS	0.0					~		168,611	0	31,774		
(4) LEE SIMMONS	50.0											
SENIOR RECRUITER	0.0					~		130,048	0	6,911		
(5) ANDREA MARTINEZ	50.0											
DIRECTOR, SCALED EDUCATION	0.0					~		115,592	0	14,170		
(6) DALE GIBBENS	50.0											
DIRECTOR/EXECUTIVE VP	0.0	~		~				0	8,400	0		
(7) BRIAN HOOKS	1.0											
DIRECTOR	4.0	~						0	0	0		
(8) CHARLES CHASE KOCH	1.0											
DIRECTOR/CHAIRMAN	4.0	~						0	0	0		
(9) DAVE ROBERTSON	1.0											
DIRECTOR	2.0	~						0	0	0		
(10) BRIAN MENKES	1.0											
SECRETARY (OUTGOING)	5.0			~				0	0	0		
(11) DEREK JOHNSON	1.0											
EXECUTIVE DIRECTOR	2.0			~				0	0	0		
(12) HENRICH HEUER	1.0											
TREASURER	5.0			~				0	0	0		
(13) KARA HARTNETT	1.0											
TREASURER (OUTGOING)	5.0			~				0	0	0		
(14)	<u> </u>											
	I	1	1	ĺ	1	1	1	1	I	i .		

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Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (contin	nued)
	(A)	(B)				C) sition			(D)	(E)			(F)	
	(A) Name and title	(B) Average hours per week	box,	unles	neck ss pe d a d	morerson	e than of is both or/trust	n an tee)	(D) Reportable compensation from the	(E) Report compens from re	able sation	0	(F) ted ame f other pensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizatio 1099-N 1099-N	ns (W-2/ IISC/	fr	om the ization	and
(15)		,	Φ	tee			sated							
(16)														
(17)			-											
(18)			-											
(19)			_											
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal								772,215		8,400		120	6,049
d	Total (add lines 1b and 1c)								772,215		8,400		120	6,049
2	Total number of individuals (including but reportable compensation from the organi		d to th	ose	e list	ted	above	e) w	ho received more 5	e than \$1	00,000	of		
3	Did the organization list any former of	officer dire	actor	tru	ıcta.	ا م	(A)/ A	mnl	lovee or highes	t compe	neatad		Yes	No
J	employee on line 1a? If "Yes," complete s	Schedule J	for s	uch	ind	ivid	ual	٠.				3		~
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of for services rendered to the organization												•	
Secti	on B. Independent Contractors	: II 165, C	Julipi	ele	301	ieut	ile J I	OI S	sucii persori .		• •	5		
1	Complete this table for your five high compensation from the organization. Report												,	
	(A) (B) (C) Name and business address Description of services Compensation													
	STAND TOGETHER COMMUNICATIONS, 4201 WILSON BLVD., SUITI										377,747			
NOTA	RY HOTEL PHILADELPHIA, 21 N JUNIPER S	TREET, PHI	LADE	LPH	IA, I	PA 1	9107	EV	/ENTS AND LODGI	NG			13	7,214

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

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Part VIII Statement of Revenue

		Check if Schedule O contain	s a respon	se or note to an	y line in this Pa	rt VIII....		🗆
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Š, Š	1a	Federated campaigns	. 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues						
တ် ဋ	С	Fundraising events						
fts,	d	Related organizations	. 1d					
<u>ල</u> ළ	е	Government grants (contribution						
Sin	f	All other contributions, gifts, gr						
e ti		and similar amounts not included a		148,120				
들 >	g	Noncash contributions include						
nd nd		lines 1a–1f	9	\$				
Q a	h	Total. Add lines 1a-1f			148,120			
a)	_			Business Code				
Program Service Revenue	2a							
le le	b							
π /en	C							
gram Ser Revenue	d							
§ _	e •	All other program convice reve			0	0	0	0
₾	f g	All other program service reve Total. Add lines 2a–2f			0	U	U	U
	3	Investment income (including			U			
		other similar amounts)			160,949			160,949
	4	Income from investment of tax	-exempt bo	nd proceeds	100,010			,
	5	Royalties	-					
		,	(i) Real	(ii) Personal				
	6a	Gross rents 6a	183,838					
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	183,838	0				
	d	Net rental income or (loss) .			183,838			183,838
	7a	aroos arricant nom	Securities	(ii) Other				
		sales of assets						
	_	other than inventory 7a						
ne	b	Less: cost or other basis						
Revenue		and sales expenses . 7b						
		Gain or (loss) 7c	0	0				
ē	d	= : :						
Other	8a	Gross income from fundrals events (not including \$	-					
		events (not including \$ of contributions reported on	line					
		1c). See Part IV, line 18						
	b	Less: direct expenses						
	С	Net income or (loss) from fund		nts				
	9a	Gross income from gan	ning					
		activities. See Part IV, line 19	· 9a					
	b	Less: direct expenses						
	С	Net income or (loss) from gam		s				
	10a	Gross sales of inventory,						
	_	returns and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales	s or invento	Business Code				
Miscellaneous Revenue	11a	PARTNERSHIP INCOME		901101	1,131,980		1,131,980	
scellaneo Revenue	i ia b	I ANTINENSHIF INCOME		301101	1,131,960		1,131,960	
Ver	C							
Sce	d	All other revenue			0	0	0	0
Ξ	e	Total. Add lines 11a–11d			1,131,980			
	12	Total revenue. See instruction			1,624,887	0	1,131,980	344,787

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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 response	or note to any line	in this Part IX		· · · · · ·
Do no	t include amounts reported on lines 6b, 7b,				(D)
	o, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
-	and domestic governments. See Part IV, line 21 .	554,623	EE4 600		
2	Grants and other assistance to domestic	554,625	554,623		
	individuals. See Part IV, line 22	421,970	421,970		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,471,810	1,371,331	100,479	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	82,795	77,964	4,831	
9	Other employee benefits	148,120	138,008	10.112	
10	Payroll taxes	108,366	101,119	7,247	
11	Fees for services (nonemployees):	.00,000	101,110	1,271	
a	Management				
b	Legal	300		300	
C	Accounting	40,154		40,154	
d	Lobbying	40,104		40,104	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)	938,728	208,323	730,405	0
12	Advertising and promotion	151,006	6,101	144,905	<u> </u>
	- · · · · · · · · · · · · · · · · · · ·				
13	Office expenses	78,646	67,413	11,233	
14	Information technology				
15	Royalties	0.45		0.45	
16	Occupancy	245	444.404	245	
17 18	Travel	416,038	414,401	1,637	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	323,602	312,787	10,815	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	18,785	11,251	7,534	
24	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	23,850		23,850	
a b	DUES & SUBSCRIPTIONS	31,174	31,174	23,830	
C	AWARDS	5,884	5,884	- 0	
d	BAD DEBT	2,995	3,004	2,995	
		2,995	0	2,995	0
e 25	All other expenses				0
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	4,819,091	3,722,349	1,096,742	0
2 0	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)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	93,619	1	93,519
	2	Savings and temporary cash investments	4,888,182	2	4,828,930
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	30,233	4	510
	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		_	
	6	Loans and other receivables from other disqualified persons (as defined	0	5	0
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	504,359	9	684,855
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	0		
	b	Less: accumulated depreciation 10b	0	10c	0
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	413,118,943	12	424,369,196
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	418,635,336	16	429,977,010
	17	Accounts payable and accrued expenses	1,542,098	17	949,703
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other 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 parents.			
jab		controlled entity or family member of any of these persons	0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	1,542,098	26	949,703
uces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	417,093,238	27	429,027,307
B	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
ìt ⊅	32	Total net assets or fund balances	417,093,238	32	429,027,307
ž	33	Total liabilities and net assets/fund balances	418,635,336	33	429,977,010

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Part	XI Reconciliation of Net Assets				-			
	Check if Schedule O contains a response or note to any line in this Part XI					~		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,62	4,887		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,819			9,091		
3	Revenue less expenses. Subtract line 2 from line 1	3			(3,194	,204)		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4	17,09	3,238		
5	Net unrealized gains (losses) on investments	5			15,90	0,253		
6	Donated services and use of facilities							
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			(771	,980)		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10		4	29,02	7,307		
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>				
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .			2a		~		
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	l 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?	-	· L	2b		1		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a					
	separate basis, consolidated basis, or both.							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over							
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c				
	If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		3b				

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

CHARLES KOCH INSTITUTE 27-4967732 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33¹/₈% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (i) Name of supported organization (ii) EIN (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Schedule A (Form 990) 2023 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2020 (a) 2019 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2023 Page **3**

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

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

Secti	on A. Public Support	under the te	oto notou por	ov, picaso oc	ompioto i art	,	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 20 10	(3) 2323	(6) 2021	(0) 2022	(6) 2020	(4) 1010.
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 7a	Total. Add lines 1 through 5 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 8	Add lines 7a and 7b						
Secti	on B. Total Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•			-	ear as a sectio	
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2023 (line 8	, ,,,	•	, (, ,		15	%
16	Public support percentage from 2022 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2023 (-			<u>%</u>
18	Investment income percentage from 2022						% and line
19a	33 ¹ /3% support tests—2023. If the organ 17 is not more than 33 ¹ /3%, check this box						
h	33 ¹ /3% support tests—2022. If the organiz		_	-		-	_
b	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions .

Schedule A (Form 990) 2023 Page 4

Part IV **Supporting Organizations**

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

All Supporting Organizations

ecu	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).			
		5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Page 5 Schedule A (Form 990) 2023

ocnedu	ie A (i oiii 330) 2020			age 🔾
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in 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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	4		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (
2	Activities Test. Answer lines 2a and 2b below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	00		
J.	•	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	Z D		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	За		
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.	3b		

Schedule A (Form 990) 2023 Page **6**

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	\Box Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	tions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv i	integrated Type III suppo	rting organization

Schedule A (Form 990) 2023

(see instructions).

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions Distributable** Section E—Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if 5 any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2023

Excess from 2023 . . .

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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

Schedule B (Form 990)

discloses taxpayer return information. Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number**

CHARLE	ES KOCH INSTITUTE		27-4967732
Organiz	zation type (check on	e):	
Filers o	f:	Section:	
Form 99	90 or 990-EZ	501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private for	undation
		☐ 527 political organization	
Form 99	90-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private founda	ition
		☐ 501(c)(3) taxable private foundation	
	only a section 501(c)(7	covered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See
Genera	l Rule		
V	_	iling Form 990, 990-EZ, or 990-PF that received, during the year, con property) from any one contributor. Complete Parts I and II. See instructions.	
Special	Rules		
	regulations under se 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 ed from any one contributor, during the year, total contributions of the t on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complet	90), Part II, line 13, 16a, or greater of (1) \$5,000; or
	contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that year, total contributions of more than \$1,000 exclusively for religious all purposes, or for the prevention of cruelty to children or animals. Constead of the contributor name and address), II, and III.	ıs, charitable, scientific,
	contributor, during the contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that he year, contributions <i>exclusively</i> for religious, charitable, etc., purpost more than \$1,000. If this box is checked, enter here the total contribution <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any contribution of the second property of the	es, but no such utions that were received of the parts unless the aritable, 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), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Cat. No. 30613X

Schedule B (Form 990) (2023)

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) (2023)

Name of organization

Page 2

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

Schedule B (Form 990) (2023)

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) (2023)

Page 3

Name of organization

CHARLES KOCH INSTITUTE

Employer identification number
27-4967732

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

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.

discloses taxpayer return information. Schedule B (Form 990) (2023) Name of organization **Employer identification number CHARLES KOCH INSTITUTE** 27-4967732 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. fŕom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

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.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

	see separate instructions), ti				
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	of organization				ntification number
	RLES KOCH INSTITUTE				27-4967732
Part	I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527 or	organization.
1	•	f the organization's direct and in-	direct political ca	ampaign activities in Part	IV. See instructions for
	definition of "political car				
2		y expenditures. See instructions .			
3		cal campaign activities. See instruc			
Part	-	e organization is exempt und			
1	-	excise tax incurred by the organiza			
2	-	excise tax incurred by organization	•	section 4955 \$	
3	•	ed a section 4955 tax, did it file For	•	ear?	Yes No
4a					Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz			
				\$	
2		filing organization's funds contrib		janizations for section	
		vities		\$	
3		expenditures. Add lines 1 and 2.		on Form 1120-POL,	
4		n file Form 1120-POL for this year?			
5		ses, and employer identification nul			
		ents. For each organization listed, ontributions received that were pro			
		fund or a political action committe			
			, ,		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					,
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Cat. No. 50084S

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ✓ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

	-	ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p	public opinion (grassroots lobbying)		0
b	Total lobbying expenditures to influence a	legislative body (direct lobbying)		0
С	Total lobbying expenditures (add lines 1a	and 1b)		0
d	Other exempt purpose expenditures		4,819,091	224,585,902
е	Total exempt purpose expenditures (add	lines 1c and 1d)	4,819,091	224,585,902
f	Lobbying nontaxable amount. Enter the	ne amount from the following table in both		
_	columns.		390,955	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 \$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)	97,739	250,000
h	Subtract line 1g from line 1a. If zero or les	s, enter -0	0	0
i	Subtract line 1f from line 1c. If zero or less	s, enter -0	0	0
j		on either line 1h or line 1i, did the organization	Г	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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
С	Total lobbying expenditures			0	0	0
d	Grassroots nontaxable amount	250,000	2,500,000	250,000	250,000	3,250,000
е	Grassroots ceiling amount (150% of line 2d, column (e))					4,875,000
f	Grassroots lobbying expenditures			0	0	0

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 Page **3**

	(election under section 501(h)).	1-	,		(b)	
	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a			(b)	
escri	ption of the lobbying activity.	Yes	No	Al	nount	
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?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	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?	· (=\				
art I	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 art I	Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)					
1	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes." Dues, assessments and similar amounts from members	III-A	, line	3, is a	answ	ered
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts					
2	political expenses for which the section 527(f) tax was paid). Current year		2a			
a b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	•	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Part						
rovid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up list	t); Par	t II-A, I	ines 1	and
(see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

SCHEDULE C,PART II-A, A	GROUP MEMBER INFORMATION	
Name		STAND TOGETHER FOUNDATION
Address		4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203
EIN		27-3197768
Election Under Section 501(h)		NO
Expenses		62,388,783
Name		STAND TOGETHER TRUST

Name	STAND TOGETHER TRUST
Address	4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203
EIN	46-3608366
Election Under Section 501(h)	NO
Expenses	157,378,028

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

CHAR	LES KOCH INSTITUTE		27-4967732
Par			s or Accounts
	Complete if the organization answered "		
		(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 hel	d in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control?	? Yes 🗌 No
6	Did the organization inform all grantees, donors, ar	nd donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · · 🗌 Yes 🗌 No
Par	Conservation Easements		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recre	= : : : : : : : : : : : : : : : : : : :	a historically important land area
	Protection of natural habitat	,	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.	•	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified hi		
c d	Number of conservation easements included on line		
-	on a historic structure listed in the National Register	The state of the s	
3	Number of conservation easements modified, trans		24
3	tax year	sierred, released, extinguished, or term	illiated by the organization during the
4	Number of states where property subject to conserv	vation assement is located	
4 5	Does the organization have a written policy reg		ection handling of
3	violations, and enforcement of the conservation eas		
^			- -
6	Staff and volunteer hours devoted to monitoring, inspec	ting, nandling of violations, and enforcing	conservation easements during the year
_	Annual of the state of the stat		
7	Amount of expenses incurred in monitoring, inspecting	g, nandling of violations, and enforcing c	conservation easements during the year
0	Door and conservation accoment reported on line	Od above estisfy the requirements of a	action 170/h)/4)/D)/i)
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
0	In Part XIII, describe how the organization reports of		
9	sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easemen	•	cinents that describes the
Dow			Ather Circiles Assets
Par	Organizations Maintaining Collections		other Similar Assets
4 -	Complete if the organization answered "		
та	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets		
_	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		earch in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,	historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under EA	ASP ASC 058 relating to those items	
а	Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X		\$
b	Assets included in Form 990, Part X		\$

Schedule D (Form 990) 2023 Page **2**

Part	Organizations Maintaining	Coll	ections of	Art, His	torical 1	reasures,	or O	ther Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	acces							
а	☐ Public exhibition			d	Loan	or exchange	prog	ram	
b	Scholarly research			е					
С	Preservation for future generations	S			_				
4	Provide a description of the organiza		collections	and expl	ain how t	hey further t	the or	ganization's exer	npt purpose in Part
	XIII.			•		•	`	•	
5	During the year, did the organization	solic	it or receive	donation	s of art,	historical tre	easure	s, or other simil	ar
	assets to be sold to raise funds rathe	r than	to be mainta	ained as	oart of the	e organizatio	on's co	ollection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ange	ments						_
	Complete if the organization 990, Part X, line 21.	_		" on For	m 990, F	Part IV, line	9, or	reported an ar	nount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?				_				ot
b	If "Yes," explain the arrangement in F	art XII	II and compl	ete the fo	llowing ta	able.			
			-					Д	mount
С	Beginning balance						10	;	
d	Additions during the year						10	ŀ	
е	Distributions during the year						16	•	
f	Ending balance						11	F	
2a	Did the organization include an amou						stodia	l account liability	/? ☐ Yes ☐ No
	If "Yes," explain the arrangement in F							-	
Par					•				
	Complete if the organization	n ansv	wered "Yes	" on For	m 990, F	Part IV, line	10.		
	·		Current year	1	or year	(c) Two years		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g g	End of year balance								
2	Provide the estimated percentage of	the cu	irrent vear er	l nd haland	e (line 10	L column (a)) hald	36.	
a	Board designated or quasi-endowme		=	%	o (iiilo 19	,, σσιαιτιτ (α <i>)</i>	, mora	ao.	
b	Permanent endowment	%		70					
C	Term endowment %	/0							
C	The percentages on lines 2a, 2b, and	2c ch	ould equal 1	00%					
3a	Are there endowment funds not in the				zation the	at are held a	and ac	lministered for th	ne.
Ou	organization by:	ic pos	130331011 01 11	ic organi	Zation the	at are riola t	aria ac	iiiiiiiistoroa ioi ti	Yes No
	(i) Unrelated organizations?								3a(i)
	(ii) Related organizations?								3a(ii)
b	If "Yes" on line 3a(ii), are the related of								3b
_	Describe in Part XIII the intended use	_		-					30
4 Pari				on s end	willelit it	unus.			
rail	Complete if the organization			" on For	m 000 I	Dart IV line	112	See Form 990	Part V line 10
	Description of property	i alis	1			or other basis			
	Description of property		(a) Cost or or (investment)		1	ther)		Accumulated epreciation	(d) Book value
	Land		(. ,			
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								
e Total	Other		 	00 0	 	0.001:::::: /5	211		
ı otal.	Add lines 1a through 1e. (Column (d) I	nust e	equai Form 9	эυ, rart .	л, iine 100	c, column (E) <i>)</i> .		

Schedule D (Form 990) 2023

Page 3 Schedule D (Form 990) 2023

art VII	Investments—Other Securities Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11b. See Form 990, Part X, line 1
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial	derivatives		
Closely h	neld equity interests		
Other			
	STIC PASSIVE INVESTMENT PARTNERSHIP	424,369,196	END OF YEAR MARKET VALUE
B)			
C)			
E) F)			
G)		-	
H)			
	mn (b) must equal Form 990, Part X, line 12, col. (B))	424,369,196	
rt VIII	Investments – Program Related	•	
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11c. See Form 990, Part X, line 1
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<u> </u>			
<u> </u>			
	mn (b) must equal Form 990, Part X, line 13, col. (B))		
art IX	Other Assets	1	
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11d. See Form 990, Part X, line 1
	(a) Description		(b) Book value
<u> </u>			
			+
<u> </u>			
al. (Colui	mn (b) must equal Form 990, Part X, line 15, col. (B))		
art X	Other Liabilities Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11e or 11f. See Form 990, Part X
	line 25.		
Fode::-! '	(a) Description of liability		(b) Book value
rederal in	ncome taxes		
	mn (b) must equal Form 990, Part X, line 25, col. (B))		

Schedule D (Form 990) 2023

Part	Reconciliation of Revenue per Audited Financial Stateme			Retu	rn
	Complete if the organization answered "Yes" on Form 990, F				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5 Post	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5 Pot	hi i ka
Part	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, F			er Kei	lurn
1			v, iiie 12a.	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		_	
c	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d		_	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
				1 4 - 1	
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	 e 18.)		5	
5 Part	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information			5	
5 Part Provid	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provice 2; Part SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	d 4; P	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provice 2; Part SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provice 2; Part SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	d 4; P	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provice 2; Part SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	d 4; P	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provic 2; Par SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	1 4; P	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provic 2; Par SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	1 4; P	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provic 2; Par SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	d 4; P to pro	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provic 2; Par SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	d 4; P to pro	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provic 2; Par SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	d 4; P to pro	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provic 2; Par SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	d 4; P to pro	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provic 2; Par SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	d 4; P to pro	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provic 2; Par SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	d 4; P to pro	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provic 2; Par SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	d 4; P to pro	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provic 2; Par SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	d 4; P to pro	art IV, lines 1b and 2b	5 o; Part forma	tion.
5 Part Provice 2; Part SEE S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	d 4; Pto pro	art IV, lines 1b and 2b	5 o; Part iforma	tion.

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 -	MANAGEMENT HAS EVALUATED THE INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE E (Form 990)

Schools

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

CHARLES KOCH INSTITUTE

Part I

Employer identification number
27-4967732

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	~	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax 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	3	7	
	THE ORGANIZATIONHAS PUBLISHED ITS NON-DISCRIMINATION RULES IN ACCORDANCE WITH IRS PROCEDURES.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	V	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	,	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	~	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		~
5	If you answered "No" to any of the above, please explain. If you need more space, use Part II. THE ORGANIZATION DOES NOT SOLICIT CONTRIBUTIONS. Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		~
b	Admissions policies?	5b		•
С	Employment of faculty or administrative staff?	5с		~
d	Scholarships or other financial assistance?	5d		~
е	Educational policies?	5e		~
f	Use of facilities?	5f		~
g	Athletic programs?	5g		~
h	Other extracurricular activities?	5h		~
6a b	Does the organization receive any financial aid or assistance from a governmental agency?	6a 6b		V
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II	7	~	

Schedule E (Form 990) 2023 **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 I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Open to Public Inspection

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number CHARLES KOCH INSTITUTE** 27-4967732 **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? ✓ Yes No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (c) IRC section (e) Amount of 1 (a) Name and address of organization (b) EIN (d) Amount of cash (g) Description of (h) Purpose of grant book, FMV, appraisal, or government (if applicable) grant noncash assistance noncash assistance or assistance other) (1) (SEE STATEMENT) **VARIOUS** 402.662 N/A (10)(11)(12)

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Cat. No. 50055P

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistar
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
DUCATIONAL PROGRAMS	130	421,970			
Supplemental Information. Pro	vida tha information re	auirad in Dart Llina	Or Dort III. colum	n /b), and any other additi	and information
	viao ino imorniarion i	yquirou ii i art i, iii c	2,1 4,1 11, 00,411	ir (e), and any other additi	orial information.
TATEMENT)					

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	rt

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	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. ALL GRANTS WERE MADE PURSUANT TO THE REQUIREMENT THAT THEY BE EXPENDED EXCLUSIVELY FOR 501(C)(3) PURPOSES. THE ORGANIZATION REVIEWS RECIPIENT'S FORM 990, IRS TAXEXEMPTION LETTER, AND VALIDATES THE RECIPIENT'S TAX ID NUMBER.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	SEE ATTACHED 4201 WILSON BLVD. STE 0800, ARLINGTON, VA 22203

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **CHARLES KOCH INSTITUTE** Employer identification number

27-4967732

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	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		~
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		~
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		~
b	Any related organization?	5b		~
	If "Yes" on line 5a or 5b, describe in Part III.			
^	For paragna listed on Form 000 Part VII Coation A line to did the agree-in-time and a second			
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:			
_		60		.,
a	The organization?	6a		V
b	Any related organization?	6b		-
	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	V	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		-	
J	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		1
		8		-
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

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

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

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

		(B) Breakdown of W-2 ar			(C) Retirement and			(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	in column (B) reported as deferred on prior Form 990
HUGH CHERRY	(i)	182,527	0	0	11,100	22,829	216,456	0
1 MANAGING DIRECTOR	(ii)	0	0	0	0	0	0	0
ANDREW DELMEGE	(i)	145,437	30,000	0	10,973	28,292	214,702	0
2 DIRECTOR, EDUCATION	(ii)	0	0	0	0	0	0	0
BENET WILSON	(i)	168,611	0	0	10,500	21,274	200,385	0
3 DIRECTOR, MEDIA & JOURNALISM PROGRAMS	(ii)	0	0	0	0	0	0	0
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III

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.

Return Reference - Identifier	Explanation
	INCENTIVE COMPENSATION IS BASED ON EXTRAORDINARY EFFORTS AND SERVICES PROVIDED TO THE ORGANIZATION, NOT BASED ON FINANCIAL RESULTS OF THE INSTITUTE.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the Organization CHARLES KOCH INSTITUTE

Department of Treasury Internal Revenue Service

Employer Identification Number 27-4967732

Return Reference - Identifier		E	xplanation								
FORM 990, PART I, LINE 1 - BRIEF MISSION	SUPPORTS EDUCATIONAL F CHALLENGE CONVENTION,										
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE ORGANIZATION HAS OF CLASS A MEMBER.	IE ORGANIZATION HAS ONE MEMBERSHIP CLASS. THE MEMBERSHIP CLASS CONSISTS OF ONE ASS A MEMBER.									
FORM 990, PART VI, LINE 7A - & 7B	THE CLASS A MEMBER HAS CHAIR OF THE BOARD OF D DETERMINE THE SIZE OF TH THE BOARD OF DIRECTORS	IRECTORS OR APP HE BOARD OF DIRE	POINT CHAIR OF THECTORS, ELECT TH	HE BOARD OF DIRE	CTORS, CTORS, REMOVE						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE 990 ALONG WITH ALL R	NDEPENDENT ACCOUNTING FIRM PREPARED AND REVIEWED THE FORM 990. A FULL DRAFT OF 990 ALONG WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO INTERNAL MANAGEMENT DEGAL COUNSEL FOR REVIEW. ALL QUESTIONS ARE ADDRESSED AND ANY MODIFICATIONS MADE, IF NECESSARY.									
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	WHERE INTERESTED PERSON INTEREST IN A TRANSACTIC COMMITTEE THEREOF. THE THE PROPOSED TRANSACT EVALUATING THE FAIRNESS	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS PROPOSED TRANSACTIONS WHERE INTERESTED PERSONS (I.E., BOARD MEMBERS AND OFFICERS) MAY HAVE A FINANCIAL INTEREST IN A TRANSACTION BEING CONSIDERED BY THE BOARD OF DIRECTORS OR A COMMITTEE THEREOF. THE BOARD OR COMMITTEE THEREOF HAS VARIOUS OPTIONS TO ADDRESS THE PROPOSED TRANSACTION AND WHETHER IT PRESENTS A CONFLICT OF INTEREST, INCLUDING EVALUATING THE FAIRNESS OF THE TRANSACTION, WHETHER TO APPOINT A DISINTERESTED PERSON(S) OR COMMITTEE TO EVALUATE THE TRANSACTION, CONSULTING LEGAL COUNSEL, ETC.									
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES REGULATIONS.	ALL REQUIRED DI	SCLOSURES AVAI	LABLE TO THE PUE	BLIC UNDER IRS						
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses						
	OTHER PROFESSIONAL FEES	731,725	1,320	730,405	0						
	PROGRAM SPEAKERS	202,400	202,400	0	0						
	PLACEMENT & TEMP FEES	4,603	4,603	0	0						
	Total	938,728	208,323	730,405	0						
FORM 990, PART XI, LINE 9 -		(a) Description	n		(b) Amount						
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	PARTNERSHIP INCOME	(1)			- 1,131,980						
ACCES ON TONE BALLANCE	CHANGE IN INCOME TAX AC	CCRUAL			360,000						

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

CHARLES KOCH INSTITUTE

Employer identification number
27-4967732

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

identification of Disregarded Entitles. Complete if the of	gariization answered Tes	5 0111 01111 990, F	art iv, iiile 55.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CKI EVENTS LLC (27-4967732)	SCHOOL EVENTS	DE	0	0	STFEL
4201 WILSON BLVD., SUITE 0800, ARLINGTON, VA 22203					
(2) WEB MEDIA LLC	WEB HOSTING	DE	0	0	STFEL
4201 WILSON BLVD., SUITE 0800, ARLINGTON, VA 22203					
(3)					
(4)	-				
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section	g) 512(b)(13) rolled tity?
						Yes	No
(1) CHARLES KOCH FOUNDATION (48-0918408)	GRANT MAKING	KS	501(C)(3)	PF	STFEL	~	
4201 WILSON BLVD., SUITE 0800, ARLINGTON, VA 22203			, , , ,				
(2) STAND TOGETHER FOUNDATION (27-3197768)	PUBLIC CHARITY	DE	501(C)(3)	7	STFEL	~	
4201 WILSON BLVD., SUITE 0800, ARLINGTON, VA 22203			()()				
(3) STAND TOGETHER TRUST (46-3508366)	GRANT MAKING	DE	501(C)(3)	7	7 STFEL		
4201 WILSON BLVD., SUITE 0800, ARLINGTON, VA 22203							
(4) BELIEVE IN PEOPLE, INC. (47-3175931)	GRANT MAKING	DE	501(C)(4)		STFEL	~	
PO BOX 5004, WICHITA, KS 67201							
(5) KNOWLEDGE AND PROGRESS FUND, INC. (54-1899251)	GRANT MAKING	KS	501(C)(3)	PF	STFEL	~	
PO BOX 2256, WICHITA, KS 67201							
(6) KEY CHANGE, INC. (83-3116152)	GRANT MAKING	DE	501(C)(4)		STFEL	~	
PO BOX 5004, WICHITA, KS 67201							
(7) (SEE STATEMENT)							

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

Schedule R (Form 990) 2023

Cat. No. 50135Y

Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	Dispropalloca		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) eral or aging ner?	(k) Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr ent	i) 512(b)(13) rolled ity?
								Yes	No
(1)(SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Page 3

Yes No

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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?

b	Gift, grant, or capital contribution to related organization(s)				1b 🗸	
С	Gift, grant, or capital contribution from related organization(s)				1c 🗸	
d	Loans or loan guarantees to or for related organization(s)				1d	'
е	Loans or loan guarantees by related organization(s)				1e	V
f	Dividends from related organization(s)				1f	'
g	Sale of assets to related organization(s)				1g	'
h	Purchase of assets from related organization(s)				1h	'
i	Exchange of assets with related organization(s)				1i	'
j	Lease of facilities, equipment, or other assets to related organization(s)				1j 🗸	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	'
ı	Performance of services or membership or fundraising solicitations for related organization(s))			11 🗸	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	~
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n 🗸	
0	Sharing of paid employees with related organization(s)				10 🗸	
р	Reimbursement paid to related organization(s) for expenses				1p	~
q	Reimbursement paid by related organization(s) for expenses				1q 🗸	
r	Other transfer of cash or property to related organization(s)				1r	~
s	Other transfer of cash or property from related organization(s)				1s 🗸	
2	If the answer to any of the above is "Yes," see the instructions for information on who must c	complete this line, incl	uding covered relation	ships and transaction	thresho	lds.
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining a	amount inv	olved
		type (a-s)				
1	388 NPO FUND, LLC	S	5,212,985	CASH		
(1)		3	3,212,903			
5	TVL3 LLC	В	1,250,000	CASH		
(2)		В	1,230,000			
(3)						
<u> </u>						
`,						
(4)						
(4) (5)						
(4)						

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	income (related, unrelated, excluded	avaani-atiana?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			sections 512—514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part | Identification of Related Tax-Exempt Organizations (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	512(b	ection o)(13) ed entity?
						Yes	No
(7) CHARLES KOCH CHARITABLE FUND (85-4058882) 4201 WILSON BLVD., SUITE 0800, ARLINGTON, VA 22203	GRANT MAKING	DE	501(C)(3)	PF	STFEL	✓	
(8) CHASE KOCH FOUNDATION, INC. (83-1697305) PO BOX 5004, WICHITA, KS 67201	GRANT MAKING	DE	501(C)(3)	PF	STFEL	✓	
(9) MOVEMENT MUSICK, INC. (87-3066900) PO BOX 20585, WICHITA, KS 67208	GRANT MAKING	DE	501(C)(4)		STFEL	✓	
(10) CENTER FOR CLASSICAL LIBERAL EDUCATION, INC. (93-2828797) 4201 WILSON BLVD., SUITE 0800, ARLINGTON, VA 22203	PUBLIC ED	DE	501(C)(3)	2	STFEL	✓	

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	ity (c) Legal domicile (state or foreign country) (d) Dire controllir entity		(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	Dispropor UBI amountionate in box 20 allocation s?		(i) Code V - UBI amount in box 20 of Schedule K- 1 (Form	Gen	or aging	(k) Percentage ownership
							Yes	No	1065)	Yes	No	
(1) STVL3, LLC (85-2667830) 4201 WILSON BLVD., SUITE 0900, ARLINGTON, VA 22203	INVESTMENTS	DE	STT	EXCLUDED	53,056	3,415,483		\	0		✓	20.80
(2) 1888 NPO FUND, LLC PO BOX 5004, WICHITA, KS 67201	INVESTMENTS	KS	N/A	EXCLUDED	12,245,583	0		>	5,351		✓	20.60
(3) TRUST VENTURES AI FUND LP (93-3965712) 2028 E BEN WHITE BLVD #240-3636, AUSTIN, TX 78741		DE	N/A	N/A	N/A	N/A			N/A			N/A

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust (c	continued)
---------	--	------------

(a) Name, address and EIN of related organization	(b) Primary activity (c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b	ection o)(13) rolled :ity?
								Yes	No
(1) PBM CENTER, INC. (81-4065996) 4201 WILSON BLVD., SUITE 0800, ARLINGTON, VA 22203	CONSULTING	DE	STFEL	C CORPORATION	504,148	1,211,781	100.00	1	

Charles Koch Institute

EIN 27-4967732 2023 Form 990, Schedule I - Grant Listing

						Code	Amount of Cash	
Name of organization	Address of	<u>Organization</u>			<u>EIN</u>	<u>Section</u>	<u>Grant</u>	<u>Purpose</u>
Cato Institute	1000 Massachusetts Avenue, NW	Washington	DC	20001	23-7432162	501(c)(3)	36,000.00	Education
The Buckeye Institute for Public Policy Solution	88 East Broad Street	Columbus	ОН	43215	31-1278593	501(c)(3)	16,000.00	Education
The Venetoulis Institute for Local Journalists db	621 East Pratt Street, Ste 401	Baltimore	MD	21202	86-1715499	501(c)(3)	16,000.00	Education
Foundation for Excellence in Education	215 S. Monroe Street	Tallahassee	FL	32301	26-0615175	501(c)(3)	16,000.00	Education
Attack Poverty	3727 Greenbriar Drive	Stafford	TX	77477	45-2401548	501(c)(3)	12,000.00	Education
Center for Growth and Opportunity	3525 Old Main Hall	Logan	UT	84322	45-3564310	501(c)(3)	12,000.00	Education
Defense Priorities Foundation	1 Thomas Circle NW	Washington	DC	20005	81-0714113	501(c)(3)	12,000.00	Education
Iron Light Labs	300 S Riverside Plaza	Chicago	IL	60606	86-1206324	501(c)(3)	12,000.00	Education
Reason Foundation	5737 Mesmer Avenue	Los Angeles	CA	90230	95-3298239	501(c)(3)	12,000.00	Education
University of Notre Dame	724 Grace Hall	Notre Dame	IN	46556	35-0868188	501(c)(3)	12,000.00	Education
Baltimore Beat Inc	1400 Greenmount Ave PO1	Baltimore	MD	21202	87-1953122	501(c)(3)	8,000.00	Education
Brigid's Path	3601 South Dixie Drive	Kettering	Ohio	45439	47-1200761	501(c)(3)	8,000.00	Education
Chicago Public Media Inc	848 East Grand Ave	Chicago	IL	60611	36-3687394	501(c)(3)	8,000.00	Education
Conneticut News Project	1049 Asylum Avenue	Hartford	CT	06105	27-0583046	501(c)(3)	8,000.00	Education
HealthCorps Inc	401 Park Ave S	New York	NY	10016	26-1269358	501(c)(3)	8,000.00	Education
Houston Local Information Initiative Inc	4203 Montrose Blvd	Houston	TX	77006	87-4133043	501(c)(3)	8,000.00	Education
Kansas University Endowment Association	PO Box 928	Lawrence	KS	66044-0928	48-0547734	501(c)(3)	8,000.00	Education
Nevada News Bureau, Inc	7455 Arroyo Crossing Pkwy #220	Las Vegas	Nevada	89113	27-3192716	501(c)(3)	8,000.00	Education
Pacific Public Media dba KNKX 88 5 FM	930 Broadway	Tacoma	WA	98402	81-1095651	501(c)(3)	8,000.00	Education
Quincy Institute for Responsible Statecraft	2000 Pennsylvania Ave NW	Washington	DC	20006	84-2285143	501(c)(3)	8,000.00	Education
Sacred Heart University dba WSHU Public Radi	5151 Park Avenue	Fairfield	СТ	06825	06-0776644	501(c)(3)	8,000.00	Education
Street Sense Inc	1317 G St NW	Washington	DC	20005	20-1297050	501(c)(3)	8,000.00	Education
The 74 Media, Inc.	222 Broadway	New York	NY	10038	47-2788684	501(c)(3)	8,000.00	Education
The One America Movement	4450 Mitchellville Rd	Bowie	MD	20716	84-5006315	501(c)(3)	8,000.00	Education
The Phoenix	2239 Champa Street	Denver	Colorado	80205	20-4648043	501(c)(3)	8,000.00	Education
The WorkFaith Connection	4555 Dacoma Street	Houston	Texas	77092	20-4295703	501(c)(3)	8,000.00	Education
Transformations by Austin Angels	9901 Brodie Ln	Austin	TX	78748	27-2087142	501(c)(3)	8,000.00	Education
Fuller Project for International Reporting Inc	7920 Norfolk Ave #310	Bethesda	MD	20814	81-1175253	501(c)(3)	8,000.00	Education
North Texas Public Broadcasting Inc	PO Box 676028	Dallas	TX	75267-6028		501(c)(3)	8,000.00	Education
Pacific Legal Foundation	930 G Street	Sacramento	CA	95814	94-2197343	501(c)(3)	8,000.00	Education
R Street Institute	1050 17th Street NW	Washington	DC	20036	26-3477125	501(c)(3)	8,000.00	Education
St lawrence University	23 Romada Drive	Canton	NY	13617		501(c)(3)	8,000.00	Education
Texas Tribune	919 Congress Ave	Austin	TX	78701	26-4527097	501(c)(3)	8,000.00	Education
Cityside Journalism	2120 University Avenue	Berkeley	CA	94704	84-3448887	501(c)(3)	8,000.00	Education

Nebraska Journalism Trust	1402 Jones Street, Suite 302	Omaha	NE	68102	86-3968316	501(c)(3)	8,000.00	Education
The Salt Lake Tribune Inc	90 S 400 W	SLC	UT	84101	84-1878709	501(c)(3)	8,000.00	Education
Underscore Media Collaboration Inc	1200 NW Naito Pkwy Ste 490	Portland	OR	97209	83-3178910	501(c)(3)	8,000.00	Education
Local Media Foundation	PO Box 450	Lake City	MI	49651	36-4427750	501(c)(3)	8,000.00	Education
Benevolence Farm	4265 Thompson Mill Rd	Graham	NC	27253	26-3685507	501(c)(3)	8,000.00	Education
Cardinal Institute for West Virginia Policy	P.O. Box 11495	Charleston	WV	25339	47-1932521	501(c)(3)	7,700.00	Education
College Bound Dorchester Inc	222 Bowdoin St	Dorchester	MA	02122	04-2383512	501(c)(3)	6,962.00	Education

Total 402,662.00

PUBLIC DISCLOSURE COPY

Form **990–1**Department of the Trea

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

2023 and ending 20

2023

OMB No. 1545-0047

		For cal	endar year 2023 or other tax year beginning, 2023, and ending, 2	ا ۔۔۔۔۔ ا		
	nent of the Treasury Revenue Service	Do no	Go to www.irs.gov/Form990T for instructions and the latest information. ot enter SSN numbers on this form as it may be made public if your organization is a 501(<i>^</i> , <i>,</i>		en to Public Inspection for 501(c)(3) Organizations Only
	Check box if address changed.	Print	Name of organization (D Empl	-	identification number 7-4967732
	npt under section 01(C)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions. 4201 WILSON BLVD., 0800			emption number actions)
_	08(e) 220(e)	Туре	City or town, state or province, country, and ZIP or foreign postal code			
=	· · = · ·		Ii i			
_	08A 530(a) 29(a) 529A	0 D1				ck box if mended return.
G Ch	ieck organizatio	on type		te cone	ege/	/university
H Ch	ook if filing only	, to olo	☐ 6417(d)(1)(A) Applicable entity ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payr	nont on	2011	nt from Earm 2000
			nization filing a consolidated return with a 501(c)(2) titleholding corporation.			
			ched Schedules A (Form 990-T)			
			the corporation a subsidiary in an affiliated group or a parent-subsidiary controlle			
	-		and identifying number of the parent corporation	su grou	ıp:	□ res 🕑 NO
			(SEE STATEMENT) Telephone number		(70	3) 214-7118
Part			ed Business Taxable Income		(10	3) 214-7110
1			ness taxable income computed from all unrelated trades or businesses (see instruction	ne)	1	332,773
2				· —	2	002,170
3	Add lines 1 an			-	3	332,773
4			ons (see instructions for limitation rules)	-	4	33,277
5			ess taxable income before net operating losses. Subtract line 4 from line 3.	· —	5	299,496
6			erating loss. See instructions		6	0
7			isiness taxable income before specific deduction and section 199A deduction		_	
	Subtract line 6				7	299,496
8	Specific dedu	ction (a	enerally \$1,000, but see instructions for exceptions)		8	1,000
9	•		deduction. See instructions		9	0
10			dd lines 8 and 9		10	1,000
11			taxable income. Subtract line 10 from line 7. If line 10 is greater than line			· · · · · · · · · · · · · · · · · · ·
	enter zero .			1	11	298,496
Part						· · · · · · · · · · · · · · · · · · ·
1	Organizations	s taxab	le as corporations. Multiply Part I, line 11, by 21% (0.21)		1	62,684
2	-		ust rates. See instructions for tax computation. Income tax on the amount			
			☐ Tax rate schedule or ☐ Schedule D (Form 1041)		2	
3	Proxy tax. Se	e instru	ctions		3	0
4	Other tax amo	unts. S	ee instructions	. [4	0
5	Alternative min	nimum	tax		5	0
6	Tax on nonco	mpliar	at facility income. See instructions		6	0
7			ough 6 to line 1 or 2, whichever applies		7	62,684
Part					_	
1a			rporations attach Form 1118; trusts attach Form 1116) 1a	0		
b			tructions)	0		
С			dit. Attach Form 3800 (see instructions) 1c	0		
d		-	ninimum tax (attach Form 8801 or 8827)			
е			nes 1a through 1d	1e	4	0
2			Part II, line 7	2		62,684
3a	Amount due fr					
b	Amount due fr					
C	Amount due fr					
d	Amount due fr					
e •		-	see instructions)	0		^
f 1			dd lines 3a through 3e	3f	+	0
4			2 and 3f (see instructions). Check if includes tax previously deferred under tax amount here	0 4		62,684
5			tax amount here	0 4 5	+	02,084
	Juneni net 90	υ ιαχ II	ability pard 1101111 01111 0 00-7, Falt II, Colui III (N)		- 1	U

Part I	Tax and Payments (continued)							
6a	Payments: Preceding year's overpayment	credited to the current year .	. 6a	462	,094			
b	Current year's estimated tax payments. Cl		_					
	applies		6b_		0			
C .	Tax deposited with Form 8868		. 6c		0			
d	Foreign organizations: Tax paid or withhel				0			
e	Backup withholding (see instructions)				0			
f	Credit for small employer health insurance				0			
g	Elective payment election amount from Fo		. 6h		0			
h	Payment from Form 2439		. 6i		0			
					0			
7	Total payments. Add lines 6a through 6j				. 7	,	46	2,094
8	Estimated tax penalty (see instructions). C							0
9	Tax due. If line 7 is smaller than the total of							0
10	Overpayment. If line 7 is larger than the to				-	_	39	9,410
11	Enter the amount of line 10 you want: Credi		399.	·	_			0
Part I			nation (s	ee instructions)				
1	At any time during the 2023 calendar year				or othe	authorit	y Yes	No
	over a financial account (bank, securities,							
	FinCEN Form 114, Report of Foreign Bank	k and Financial Accounts. If "Y	es," enter	the name of th	e foreig	ın countr	y	
	here							~
2	During the tax year, did the organization rece	ve a distribution from, or was it t	ne grantor	of, or transferor	to, a for	eign trust	?	V
	If "Yes," see instructions for other forms the	ne organization may have to file) .					
3	Enter the amount of tax-exempt interest re	<u> </u>	-	\$				
4	Enter available pre-2018 NOL carryovers h		ot include	any post-2017	' NOL c	arryover		
	shown on Schedule A (Form 990-T). Don Part I, line 6.	T reduce the NOL carryover s	nown ner	e by any deduc	ction re	portea o	n	
_		and Activity Code and available	t 00	17 NOL COMMON	oro Do	a't radua		
5	Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL claim.		•	•				
	Business Activit			able post-2017			-	
	901101	y Code	e Avaii	able post-2017	NOL C	1,679,24	-	
	903001		l 🛧			1,202,493		
	903002							
	(SEE STATEMENT)		· \$					
6a	Reserved for future use		Ψ				_	
	Reserved for future use							
Part								
Provid	e any additional information. See instruction	ns.						
	·							
	Under penalties of perjury, I declare that I have example to the second of the second	, ,	0	,			,	lge and
Sign	belief, it is true, correct, and complete. Declaration of	preparer (other than taxpayer) is based	on all inforr	nation of which prep	parer has	any knowle	dge.	
						ay the IRS d		
Here		TREASU	IRER		wi (se	th the prepare e instructio	rer shown	below
	Signature of officer	Date Title			(50): 🖭 res	, □ INO
Paid	Print/Type preparer's name	Preparer's signature		Date	Check	─ ' "	ΓΙΝ	
Prepa	MICHAEL ENGLE	MICHAEL ENGLE		11/08/2024	self-emp	-	P004828	
Use (Inly Firm's name FORVIS MAZARS, LLP				Firm's Ell	v 44	-0160260)
J36 (Firm's address 1201 WALNUT SUITE 17	00, KANSAS CITY, MO 64106-224	6		Phone no	. (816	<u>221-63</u>	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 901101 19 **C** Unrelated business activity code (see instructions) **D** Sequence: of E Describe the unrelated trade or business FUND I Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 0 c Balance 0 1c Cost of goods sold (Part III, line 8) 0 2 2 3 Gross profit. Subtract line 2 from line 1c. 3 0 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4b 219,948 219,948 Capital loss deduction for trusts 4c 0 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 962.983 962.983 Rent income (Part IV) 6 6 0 0 0 7 7 Unrelated debt-financed income (Part V) 0 0 0 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 0 9 0 0 10 Exploited exempt activity income (Part VIII) 10 0 0 0 11 Advertising income (Part IX) 11 0 0 0 12 12 Other income (see instructions; attach statement) 0 0 Total. Combine lines 3 through 12 13 13 1.182.931 1.182.931 Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . . . 0 1 0 2 Salaries and wages 2 3 3 0 4 4 0 Rad debts 5 5 0 Interest (attach statement). See instructions 6 6 23,732 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return. 0 8b 0 9 0 10 0 Contributions to deferred compensation plans . . . 10 0 11 Employee benefit programs 11 0 12 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 13 0 Other deductions (attach statement) 14 14 15,650 15 Total deductions. Add lines 1 through 14 15 39,382 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

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

Schedule A (Form 990-T) 2023

1.143.549

914,839

228,710

16

17

17

18

Schedule A (Form 990-T) 2023 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		· · ·
1	Inventory at beginning of year			1	0
2	Purchases			2	2 0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)			4	0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year				0
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to prop				
	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code). Check if a dual-u	se. See instructio	ns.
	<u>A</u> <u> </u>				
	B				
	C □				
	D 📙	Α	В	С	D
2	Rent received or accrued	A	В		
a	From personal property (if the percentage of				
u	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, colum	nc A through D. Entor	horo and an Part I	ing 6 column (A)	0
3	·	ins A through D. Enter	Tiere and on Fart i, i	ine o, column (A)	
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	h D. Enter here and o	on Part I, line 6, colu	ımn (B)	0
Dar	V Unrelated Debt-Financed Income (se				
1	Description of debt-financed property (street add		code) Check if a d	lual-use See inst	ructions
•	A	•	,	1441 450. 500 IIIO	radiono.
	B				
	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				
a	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
С	columns A through D)				
1	Amount of average acquisition debt on or allocable				
4	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
J	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 an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	_			0

Par	t VI Interest, Annuiti	es, Royaltie	es, and Rent	s Fro		•	ıction	S)
		ntrolled Organizations						
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
.,			1					
	inc		t unrelated me (loss) astructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
	als	me of a Se	 ction 501(c)(7), (9), or (17) Organiza	Enter here and on Part I, line 8, column (A). 0 ation (see instructions)	li	er here and on Part I, ine 8, column (B).
	1. Description of income	2. Amou	int of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota		-	0					0
			ncome, Othe	r Th	an Advertising In	come (see instructions	S)	<u> </u>
1	Description of exploited				-			
2	Gross unrelated busines						2	
3	Expenses directly connected with procline 10, column (B)						3	
4							4	
5	Gross income from activ					5		
6	Expenses attributable to income entered on line 5						6	
7	Excess exempt expense 4. Enter here and on Par	s. Subtract li	ne 5 from line	6, but	7			

Par	Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting t	two or more period	icals on a consol	idated basis.	
	A 🗆					
	B					
Enter	D amounts for each periodical listed above	in the co	orresponding colum	nn		
Liitei	amounts for each periodical listed above	iii tile cc	A	В	С	D
2	Gross advertising income			_		
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, columr	n (A)		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, columr	n (B)		0
4	Advertising gain (loss). Subtract line 3 ft 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 -0- on line 8	a gain, olumn in omplete				
5 6 7	Readership costs	 ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. En Part II, line 13	_				
Par	t X Compensation of Officers, Di					
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Tota	II. Enter here and on Part II, line 1 .					0
	Supplemental Information (se					
			,			
-						

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 903001 19 **C** Unrelated business activity code (see instructions) **D** Sequence: of E Describe the unrelated trade or business FUND II Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 0 c Balance 0 1c Cost of goods sold (Part III, line 8) 0 2 2 3 Gross profit. Subtract line 2 from line 1c. 3 0 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4b (7,125)(7,125)Capital loss deduction for trusts 4c 0 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 (76,600)(76,600)Rent income (Part IV) 6 6 0 0 0 7 7 Unrelated debt-financed income (Part V) 0 0 0 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 0 9 0 0 10 Exploited exempt activity income (Part VIII) 10 0 0 0 11 Advertising income (Part IX) 11 0 0 0 12 0 0 12 Other income (see instructions; attach statement) Total. Combine lines 3 through 12 13 13 (83.725)(83,725)Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . 0 1 0 2 Salaries and wages 2 3 3 0 4 4 0 Rad debts 5 5 0 Interest (attach statement). See instructions 6 6 0 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return. 0 8b 0 9 0 10 0 Contributions to deferred compensation plans . . . 10 0 11 Employee benefit programs 11 12 0 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 13 0 Other deductions (attach statement) 14 0 14 15 Total deductions. Add lines 1 through 14 15 0 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

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

Schedule A (Form 990-T) 2023

(83,725)

(83,725)

0

17

18

16

17

	e A (1 01111 330-1) 2023				Fage Z
Part		thod of inventory valu			
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6 7	Total. Add lines 1 through 5				0
8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope				
-	IV Rent Income (From Real Property and				100 _ 110
1	Description of property (property street address,				
	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%)				
la.	·				
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, column	ns A through D. Enter	here and on Part I,	line 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	D Enter here and o	n Part I line 6 colu	ımn (R)	0
Par	· ·				<u> </u>
1	Description of debt-financed property (street add A	iress, city, state, ZIP	code). Check if a c	iuai-use. See iristruc	HOUS.
	B □				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

	lie A (Form 990-1) 2023				• • • • •			Page 3
Par	t VI Interest, Annuit	ies, Royaltie	es, and Rents	s Fro		•	iction	S)
					Exempt Co	ntrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
	<u>'</u>		1		1			
	7. Taxable income 8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10		
(1)								
(2)								
(3)								
(4)								
Tota Par		ome of a Se		 7) (9		Enter here and on Part I, line 8, column (A). 0 ation (see instructions)	li	er here and on Part I, ine 8, column (B).
T GIT				, (C		4. Set-asides		Tatal dadaatiaaa
	1. Description of income	2. Amol	unt of income		3. Deductions directly connected attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides Id columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota			0		A 1	/ ' ' '		0
Part			ncome, Othe	erin	an Advertising in	come (see instructions	5)	
1	Description of exploited				Fotosban 1 B		2	
2								
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)							
4	4 Net income (loss) from unrelated trade or business. lines 5 through 7						4	
5	_							
6		-		on line 5				
7							7	

Schedule A (Form 990-T) 2023 Page **4**

Part	X Advertising Income				
1	Name(s) of periodical(s). Check box if rep	orting two or more periodic	cals on a consolidat	ed basis.	
	A 🗌				
	В 🗌				
	<u> </u>				
	D	. 41 10			
nter	amounts for each periodical listed above in	the corresponding columi	n. B	С	D
2	Gross advertising income	A	В		
	•		(4)	1	
a	Add columns A through D. Enter here and				0
3	Direct advertising costs by periodical . Add columns A through D. Enter here and	L	(D)		
а	Add coldinins A through D. Enter here and	John Part I, line 11, column	(D)		0
4	Advertising gain (loss). Subtract line 3 fro 2. For any column in line 4 showing a complete lines 5 through 8. For any column 4 showing a loss or zero, do not cor lines 5 through 7, and enter -0- on line 8	gain, umn in mplete			
5	Readership costs				
6 7	Circulation income	s than is less			
8	Excess readership costs allowed deduction. For each column showing a g line 4, enter the lesser of line 4 or line 7.	ain on			
а	Add line 8, columns A through D. Ente Part II, line 13				
Par	X Compensation of Officers, Dire	ectors, and Trustees (s	ee instructions)		
	1. Name	2. Title		3. Percentage If time devoted to business	 Compensation attributable to unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	II. Enter here and on Part II, line 1				0
	Supplemental Information (see				<u> </u>

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

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

Internal	Revenue Service	Do not enter SSN numbers on this form as it may be	made	public if your or	ganizat	ion is a 501(c)(3). _{501(c)}	(3) Organiza	ations Only
A Na	me of the organizati	ion			В	Employer ide	entificati	on numb	er
CHAR	RLES KOCH INSTIT	UTE				:	27-49677	32	
C Un	related business	activity code (see instructions)		903002	D	Sequence:	3	of	19
E De	scribe the unrelat	ed trade or business FUND III							
Pai	Ttl Unrelated	d Trade or Business Income		(A) Income		(B) Expense	es	(C) N	let
1a	Gross receipts of	or sales 0							
b	Less returns and a		1c		0				
2	Cost of goods s	sold (Part III, line 8)	2		0				
3	Gross profit. Su	btract line 2 from line 1c	3		0				0
4a		t income (attach Schedule D (Form 1041 or e instructions	4a		0				0
b	Net gain (loss	s) (Form 4797) (attach Form 4797). See							
_	instructions .		4b		0				0
С		duction for trusts	4c		0				0
5	, ,	om a partnership or an S corporation (attach							
	•		5		257				257
6		art IV)	6		0		0		0
7		financed income (Part V)	7		0		0		0
8		ies, royalties, and rents from a controlled art VI)							
9		come of section 501(c)(7), (9), or (17)	8		0		0		0
9		Part VII)							0
40	-	·	10		0		0		0
10 11		pt activity income (Part VIII)	11		0		0		0
12		ee instructions; attach statement)	12		0		U		0
13		lines 3 through 12	13		257		0		257
Par		ons Not Taken Elsewhere. See instruction		limitations or		uctions Dec		s must h	
. a.		onnected with the unrelated business inco			. aca	401101101 200	200110111	J IIIGOL K	,0
1	Compensation of	of officers, directors, and trustees (Part X)					1		0
2	Salaries and wa	ges					2		0
3	Repairs and ma	intenance					3		0
4	Bad debts .						4		0
5		statement). See instructions					5		0
6		ses					6		0
7		tach Form 4562). See instructions				0			
8	•	on claimed in Part III and elsewhere on return .				0			0
9							9		0
10		o deferred compensation plans					10		0
11		fit programs					11 12		0
12 13	-	expenses (Part VIII)					13		0
13 14		ns (attach statement)					14		0
15		ns. Add lines 1 through 14					15		0
16	Unrelated busin	ess income before net operating loss deduction	n. Sub	tract line 15 f	rom Pa	art I, line 13,			
							16		257
17	Deduction for ne	et operating loss. See instructions					17		205

Unrelated business taxable income. Subtract line 17 from line 16

52

	e A (1 01111 330-1) 2023				Fage Z
Part		thod of inventory valu			
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6 7	Total. Add lines 1 through 5				0
8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope				
-	IV Rent Income (From Real Property and				100 _ 110
1	Description of property (property street address,				
	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%)				
la.	·				
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, column	ns A through D. Enter	here and on Part I,	line 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	D Enter here and o	n Part I line 6 colu	ımn (R)	0
Par	· ·				<u> </u>
1	Description of debt-financed property (street add A	iress, city, state, ZIP	code). Check if a c	iuai-use. See iristruc	HOUS.
	B □				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

Page **3**

Pa	rt VI Interest, Annuit	ies, Royaltie	es, and Rents	Fro	m Controlled Org	ganizations (see instru	iction	is)
					Exempt Co	ntrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with acome in column 5
(1)								
(2)								
(3)								
(4)								
	7. Taxable income	inco	t unrelated me (loss) astructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)							1	
(2)							1	
(3)								
(4)								
Tota	als					Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B).
Par	t VII Investment Inco	ome of a Sec	ction 501(c)(7	7), (9), or (17) Organiza	ation (see instructions)	,	
	1. Description of income		ınt of income	C	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.	Total deductions and set-asides dd columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
T. .	-1-	Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
	als	· A adissidas de	0	Th	an Advantiaina la			0
	-		ncome, Otne	rin	an Auverusing in	come (see instructions	5)	1
1	Description of exploited	art I, line 10, column (A)	2					
2 3	Expenses directly conne	Enter here and on Part I,						
4	line 10, column (B)							
-	lines 5 through 7							
5		•					5	
6	Expenses attributable to						6	
7	Excess exempt expens 4. Enter here and on Pa	than the amount on line	7					

Schedule A (Form 990-T) 2023 Page **4**

Par	IX Advertising Income						
1	Name(s) of periodical(s). Check box if re	porting t	wo or more periodic	als on a consoli	idated basis.		
	A 🗌						
	В 🗌						
	C						
	D						
Enter	amounts for each periodical listed above	in the co		n. B	С		
2	Gross advertising income		Α	В		D	_
_	-						
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, column	(A)		•	0
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here are	nd on Pa	rt I, line 11, column	(B)		•	0
4	Advertising gain (loss). Subtract line 3 ft 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-	a gain, lumn in					
	lines 5 through 7, and enter -0- on line 8						
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter -0-	5 is less					
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on					
а	Add line 8, columns A through D. Ent	ter the g					
	Part II, line 13					·	0
Par	t X Compensation of Officers, Di	rectors	, and Trustees (Se	ee instructions	1		
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business 	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Tota	II. Enter here and on Part II, line 1						0
	Supplemental Information (se						

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 903003 19 **C** Unrelated business activity code (see instructions) **D** Sequence: of E Describe the unrelated trade or business FUND IV Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 0 c Balance 0 1c Cost of goods sold (Part III, line 8) 2 2 0 3 Gross profit. Subtract line 2 from line 1c. 3 0 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4b 0 0 Capital loss deduction for trusts 4c 0 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 4,222 4,222 Rent income (Part IV) 6 6 0 0 7 7 Unrelated debt-financed income (Part V) 0 0 0 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 0 9 0 0 10 Exploited exempt activity income (Part VIII) 10 0 0 0 11 Advertising income (Part IX) 11 0 0 0 Other income (see instructions; attach statement) 12 0 0 12 Total. Combine lines 3 through 12 13 13 4.222 4,222 Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . . . 0 1 0 2 Salaries and wages 2 3 3 0 4 4 0 Bad debts 5 5 0 Interest (attach statement). See instructions 6 6 0 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return. 0 8b 0 9 0 10 0 Contributions to deferred compensation plans 10 0 11 Employee benefit programs 11 12 0 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 13 0 14 0 14 15 Total deductions. Add lines 1 through 14 15 0 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 16 4.222 17 17 0

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

4.222

18

	e A (1 01111 330-1) 2023				Fage Z
Part		thod of inventory valu			
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6 7	Total. Add lines 1 through 5				0
8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope				
-	IV Rent Income (From Real Property and				100 _ 110
1	Description of property (property street address,				
	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%)				
la.	·				
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, column	ns A through D. Enter	here and on Part I,	line 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	D Enter here and o	n Part I line 6 colu	ımn (R)	0
Par	· ·				<u> </u>
1	Description of debt-financed property (street add A	iress, city, state, ZIP	code). Check if a c	iuai-use. See iristruc	HOUS.
	B □				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

Part	M Interest Appuit	ios Povaltio	se and Bonto	e Erc	m Controlled Or	ganizations (see instru	ıction	rage U
rait	miterest, Amult	ies, noyalue	ss, and nem	5110		ontrolled Organizations	iction	3)
•	Name of controlled organization	2. Employer identification number	ation income (los		Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with scome in column 5
(1)								
(2)								
(3)								
(4)								
	7. Taxable income	inco	t unrelated me (loss) astructions)	oss) payments made		10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Total						Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B).
Part	VII Investment Inco	ome of a Se	ction 501(c)(7), (9), or (17) Organiza	ation (see instructions))	
	1. Description of income		int of income	(3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.	Total deductions and set-asides Id columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Total	ls		0					0
Part	VIII Exploited Exem	pt Activity I	ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited	activity:						
2	Gross unrelated busines	ss income fron	n trade or busi	ness.	Enter here and on P	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)							
4							4	
5	Gross income from acti	vity that is not	unrelated bus	iness	income		5	
6	Expenses attributable to						6	
7							7	

Par	X Advertising Income					, ,
1	Name(s) of periodical(s). Check box if re	eporting t	two or more period	icals on a consol	idated basis.	
	A 🗆 🐪		•			
	В 🗌					
	C 🗆					
	D 🗌					
nter	amounts for each periodical listed above	in the co	_ · _ ·			
2	Cross advertising income		Α	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here a	nd on Pa	ırt I, line 11, columr	n (A)		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, columr	n (B)		0
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any coline 4 showing a loss or zero, do not colines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete				
5	Readership costs					
6 7	Circulation income	ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. En Part II, line 13	_				
Par	X Compensation of Officers, Di	rectors	, and Trustees (see instructions	s)	
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
1)					%	
2)					%	
3)					%	
1)					%	
[nta	I. Enter here and on Part II, line 1 .					0
Pari	XI Supplemental Information (se	e instru	ctions)			0
. CII	Cappionioniai mormation (co)	0110110)			

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 **C** Unrelated business activity code (see instructions) **D** Sequence: of E Describe the unrelated trade or business FUND V Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 0 c Balance 1c Cost of goods sold (Part III, line 8) Gross profit. Subtract line 2 from line 1c. Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) Unrelated debt-financed income (Part V) Interest, annuities, royalties, and rents from a controlled Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . . . Salaries and wages Bad debts Interest (attach statement). See instructions Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return. 8b Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

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Cat. No. 74036O

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

Schedule A (Form 990-T) 2023

Schedule A (Form 990-T) 2023 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		· · ·				
1	Inventory at beginning of year			1	0				
2	Purchases			2	2 0				
3	Cost of labor				0				
4	Additional section 263A costs (attach statement)			4	0				
5	Other costs (attach statement)			5	0				
6	Total. Add lines 1 through 5			6	0				
7	Inventory at end of year				0				
8	Cost of goods sold. Subtract line 7 from line 6.								
9	Do the rules of section 263A (with respect to prop								
	N Rent Income (From Real Property an								
1	Description of property (property street address,	city, state, ZIP code). Check if a dual-u	se. See instructio	ns.				
	<u>A</u> <u> </u>								
	B								
	C □								
	D 📙	Α	В	С	D				
2	Rent received or accrued	A	В						
a	From personal property (if the percentage of								
u	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, colum	nc A through D. Entor	horo and an Part I	ing 6 column (A)	0				
3	·	ins A through D. Enter	Tiere and on Fart i, i	ine o, column (A)					
4	Deductions directly connected with the income								
	in lines 2a and 2b (attach statement)								
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)								
Dar	V Unrelated Debt-Financed Income (se								
1	Description of debt-financed property (street add		code) Check if a d	lual-use See inst	ructions				
•	A	•	,	1441 450. 500 11101	radiono.				
	B								
	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								
a	Straight line depreciation (attach statement) .								
b	Other deductions (attach statement) Total deductions (add lines 3a and 3b,								
С	columns A through D)								
1	Amount of average acquisition debt on or allocable								
4	to debt-financed property (attach statement)								
5	Average adjusted basis of or allocable to debt-								
J	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 an	d on Part I, line 7, o	column (A)	0				
9	Allocable deductions. Multiply line 3c by line 6								
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0				
11	Total dividends — received deductions included in line 10								

Page **3**

Part	Market Appuit	ios Povaltio	se and Pont	e Erc	m Controlled Or	nanizatione (see instru	ıction	rage U
rait	interest, Annuit	ies, noyalue	s, and Rents From Controlled Organizations (see instructions) Exempt Controlled 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 scome in column 5
(1)								
(2)								
(3)								
(4)								
	7. Taxable income	inco	t unrelated me (loss) nstructions)	9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10	
(1)								
(2)								
(3)								
(4)								
Total						Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B).
Part	VII Investment Inco	ome of a Se	ction 501(c)(7), (9), or (17) Organiza	ation (see instructions))	
	1. Description of income	tion of income 2. Amount 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)								
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).			
Total			0					0
Part	VIII Exploited Exem	pt Activity I	ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited activity:							
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 activity that is not unrelated business income						5	
6	Expenses attributable to income entered on line 5						6	
7	Excess exempt expenses. 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	

Part	Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting t	wo or more period	icals on a consol	idated basis.	
	A 🗆		•			
	В 🗌					
	C 🔲					
·		:- 4				
nter	amounts for each periodical listed above	in the cc	A	ıп. В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, colum	n (A)		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here an	nd on Pa	rt I, line 11, colum	n (B)		0
4	Advertising gain (loss). Subtract line 3 fr 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 -0- on line 8	a gain, olumn in omplete				
5 6 7	Readership costs	 ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. Enter Part II, line 13	_				
Par	Compensation of Officers, Di	rectors	, and Trustees (see instructions	s)	
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
1)					%	
2)					%	
3)					%	
4)					%	
Tota	I. Enter here and on Part II, line 1 .					0
Pari	XI Supplemental Information (se	e instru	ctions)			
	(0.00)					

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

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

	Revenue Service Do not enter 35N numbers on this form as it may be	maue	public ii you					
	me of the organization			В	Employer ic			er
CHAR	RLES KOCH INSTITUTE					27-49677	32	
C Un	related business activity code (see instructions)		903008		Sequence:	6	of	19
E De	scribe the unrelated trade or business FUND VI							
Pai	Unrelated Trade or Business Income		(A) Inco	ome	(B) Expens	ses	(C) N	Net
1a	Gross receipts or sales 0							
b	Less returns and allowances 0 c Balance	1c		0				
2	Cost of goods sold (Part III, line 8)	2		0				
3	Gross profit. Subtract line 2 from line 1c	3		0				0
4a	Capital gain net income (attach Schedule D (Form 1041 or							
	Form 1120)). See instructions	4a		0				0
b	Net gain (loss) (Form 4797) (attach Form 4797). See							
	instructions	4b		0				0
C	Capital loss deduction for trusts	4c		0				0
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5		0				0
6	Rent income (Part IV)	6		0		0		0
7	Unrelated debt-financed income (Part V)	7		0		0		0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)							
9	Investment income of section 501(c)(7), (9), or (17)	8		0		0		0
9	organizations (Part VII)	9		0		0		0
10	Exploited exempt activity income (Part VIII)	10		0		0		0
11	Advertising income (Part IX)	11		0		0		0
12	Other income (see instructions; attach statement)	12		0				0
13	Total. Combine lines 3 through 12	13		0		0		0
Par	Deductions Not Taken Elsewhere. See instruction directly connected with the unrelated business inco		limitations	on ded	uctions. De	ductions	s must k	эе
1	Compensation of officers, directors, and trustees (Part X)					1		0
2	Salaries and wages					2		0
3	Repairs and maintenance					3		0
4	Bad debts					4		0
5	Interest (attach statement). See instructions					5		0
6	Taxes and licenses					6		0
7	Depreciation (attach Form 4562). See instructions			7		D		
8	Less depreciation claimed in Part III and elsewhere on return .					8b		0
9	Depletion					9		0
10	Contributions to deferred compensation plans					10		0
11	Employee benefit programs					11		0
12	Excess exempt expenses (Part VIII)					12		0
13	Excess readership costs (Part IX)					13		0
14	Other deductions (attach statement)					14		0
15 16	Total deductions. Add lines 1 through 14					15		0
10	column (C)					16		•
17	Deduction for net operating loss. See instructions					16 17		0
18	Unrelated business taxable income. Subtract line 17 from lin					18		0
	The state of the s							U

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Cat. No. 74036O

Schedule A (Form 990-T) 2023 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		· · ·			
1	Inventory at beginning of year			1	0			
2	Purchases			2	2 0			
3	Cost of labor				3 0			
4	Additional section 263A costs (attach statement)			4	I 0			
5	Other costs (attach statement)			5	5 0			
6	Total. Add lines 1 through 5				0			
7	Inventory at end of year			7	0			
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Pa	rt I, line 2	8	0			
9	Do the rules of section 263A (with respect to prope							
Part	N Rent Income (From Real Property an							
1	Description of property (property street address,	city, state, ZIP code). Check if a dual-u	se. See instructio	ns.			
	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.							
C	Add lines 2a and 2b, columns A through D							
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0			
4	Deductions directly connected with the income							
	in lines 2a and 2b (attach statement)							
_			5	(D)				
5	Total deductions. Add line 4, columns A through	n D. Enter nere and o	on Part I, line 6, coll	ımn (B)	0			
Part	Unrelated Debt-Financed Income (se							
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a c	lual-use. See inst	ructions.			
	A							
	B							
	<u> </u>							
	D 🗌							
2	Gross income from or allocable to debt-financed	Α	В	С	D			
2	property							
3	Deductions directly connected with or allocable							
J	to debt-financed property							
а	Straight line depreciation (attach statement) .	1						
b	Other deductions (attach statement)							
c	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		,,					
0	, , , , , ,	Joh D) Entor have	d on Dort Line 7	olumn (A)				
8	Total gross income (add line 7, columns A throu	ugn D). Enter here an	ia on Part I, line /, d	column (A)	0			
9	Allocable deductions. Multiply line 3c by line 6							
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0			
11	Total dividends — received deductions included in line 10							

Page 3

	ıle A (Form 990-T) 2023							Page 3
Par	Interest, Annuit	ies, Royaltie	es, and Rents	Fro		ganizations (see instru	ction	s)
					Exempt Co	ntrolled Organizations	rganizations	
	Name of controlled organization	2. Employer identification number	3. Net unrelations income (los (see instruction)	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
	7. Taxable income	inco	Net unrelated ncome (loss) ee instructions)		ne (loss) payments made			Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota	is					Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	d columns 6 and 11. er here and on Part I, ne 8, column (B).
Part		ome of a Sec	ction 501(c)(7	7). (9). or (17) Organiza	ation (see instructions)		
	1. Description of income		int of income	(3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.	Total deductions and set-asides d columns 3 and 4)
(1)					· · · · · · · · · · · · · · · · · · ·			<u> </u>
(2)								
(3)								
(4)								
	la.	Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. or here and on Part I, ne 9, column (B).
Tota Part		nt Activity !	ncome Othe	r Th	an Advertising In	 come (see instructions	ارة ا	0
			ncome, othe		an Auvernaling III	COME (SEE MISHACHORS) 	
1 2	Description of exploited Gross unrelated busines		n trade or busi	1666	Enter here and on D	art L line 10 column (A)	2	
3								
3	Expenses directly connected with production of unrelated business income. Enter here and on Part line 10, column (B)						3	
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4	
5	Gross income from acti						5	
6	Expenses attributable to	•					6	
7				e 5 from line 6, but do not enter more than the amount on line				

Part	Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting t	wo or more period	icals on a consol	idated basis.	
	A 🗆		•			
	В 🗌					
	C 🔲					
·		:- 4				
nter	amounts for each periodical listed above	in the cc	A	ıп. В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, colum	n (A)		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here an	nd on Pa	rt I, line 11, colum	n (B)		0
4	Advertising gain (loss). Subtract line 3 fr 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 -0- on line 8	a gain, olumn in omplete				
5 6 7	Readership costs	 ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. Enter Part II, line 13	_				
Par	Compensation of Officers, Di	rectors	, and Trustees (see instructions	s)	
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
1)					%	
2)					%	
3)					%	
4)					%	
Tota	I. Enter here and on Part II, line 1 .					0
Pari	XI Supplemental Information (se	e instru	ctions)			
	(0.00)					

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 903006 19 **C** Unrelated business activity code (see instructions) **D** Sequence: of E Describe the unrelated trade or business FUND VII Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 0 c Balance 0 1c Cost of goods sold (Part III, line 8) 2 2 0 3 Gross profit. Subtract line 2 from line 1c. 3 0 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4b 0 0 Capital loss deduction for trusts 4c 0 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 2.640 2.640 Rent income (Part IV) 6 6 0 0 7 7 Unrelated debt-financed income (Part V) 0 0 0 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 0 9 0 0 10 Exploited exempt activity income (Part VIII) 10 0 0 0 11 Advertising income (Part IX) 11 0 0 0 Other income (see instructions; attach statement) 12 0 0 12 Total. Combine lines 3 through 12 13 13 2.640 2,640 Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . . . 0 1 0 2 Salaries and wages 2 3 3 0 4 4 0 Bad debts 5 5 0 Interest (attach statement). See instructions 6 6 0 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return. 0 8b 0 9 0 10 0 Contributions to deferred compensation plans 10 0 11 Employee benefit programs 11 12 0 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 13 0 0 14 14 15 Total deductions. Add lines 1 through 14 15 0 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 16 2.640 17 17 0

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

Cat. No. 74036O

Schedule A (Form 990-T) 2023

2.640

18

	e A (1 01111 330-1) 2023				Fage Z
Part		thod of inventory valu			
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6 7	Total. Add lines 1 through 5				0
8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope				
-	IV Rent Income (From Real Property and				100 _ 110
1	Description of property (property street address,				
	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%)				
la.	·				
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, column	ns A through D. Enter	here and on Part I,	line 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	D Enter here and o	n Part I line 6 colu	ımn (R)	0
Par	· ·				<u> </u>
1	Description of debt-financed property (street add A	iress, city, state, ZIP	code). Check if a c	iuai-use. See iristruc	HOUS.
	B □				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

Schedu	ule A (Form 990-T) 2023							Page 3
Par	t VI Interest, Annuiti	es, Royaltie	es, and Rents	s Fro		ganizations (see instru	ction	s)
					Exempt Co	ntrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
					1	1		
	7. Taxable income	inco	t unrelated me (loss) astructions)	e (loss) payments made		10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota	ıls					Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B).
Par	VII Investment Inco	me of a Se	ction 501(c)(7	7), (9), or (17) Organiza	ation (see instructions)	1	
	1. Description of income	2. Amou	ınt of income	1	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ne 9, column (B).
Tota	-		0				<u> </u>	0
Part			ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines						2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part line 10, column (B)						3	
4	Net income (loss) from lines 5 through 7						4	
5	Gross income from activ						5	
6	Expenses attributable to	-					6	
7		Excess exempt expenses. 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						

Schedule A (Form 990-T) 2023 Page **4**

Part	IX Advertising Income						
1	Name(s) of periodical(s). Check box if re	porting t	wo or more periodic	als on a consoli	idated basis.		
	A 🗌						
	В 🗌						
	C						
	D						
Enter	amounts for each periodical listed above	in the co		n. B	С		
2	Gross advertising income		Α	В		D	_
_	-						
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, column	(A)		•	0
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here are	nd on Pa	rt I, line 11, column	(B)		•	0
4	Advertising gain (loss). Subtract line 3 ft 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-	a gain, lumn in					
	lines 5 through 7, and enter -0- on line 8						
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter -0-	5 is less					
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on					
а	Add line 8, columns A through D. Ent	ter the g					
	Part II, line 13					·	0
Par	t X Compensation of Officers, Di	rectors	, and Trustees (Se	ee instructions	1		
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business 	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Tota	II. Enter here and on Part II, line 1						0
	Supplemental Information (se						

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 903007 19 **C** Unrelated business activity code (see instructions) **D** Sequence: of E Describe the unrelated trade or business FUND VIII Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 0 c Balance 0 1c Cost of goods sold (Part III, line 8) 2 2 0 3 Gross profit. Subtract line 2 from line 1c. 3 0 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4b 0 0 Capital loss deduction for trusts 4c 0 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Λ n Rent income (Part IV) 0 0 6 6 0 7 Unrelated debt-financed income (Part V) 7 0 0 0 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 0 0 9 0 10 Exploited exempt activity income (Part VIII) 10 0 0 0 11 Advertising income (Part IX) 11 0 0 0 12 0 12 Other income (see instructions; attach statement) 0 Total. Combine lines 3 through 12 13 13 0 0 Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . . . 0 1 0 2 Salaries and wages 2 3 3 0 4 4 0 5 5 0 Interest (attach statement). See instructions 6 6 0 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return . . . 0 8b 0 9 0 10 0 Contributions to deferred compensation plans 10 0 11 Employee benefit programs 11 12 0 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 13 0 14 0 14 15 Total deductions. Add lines 1 through 14 15 0 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

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

Schedule A (Form 990-T) 2023

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	e A (1 01111 330-1) 2023				Fage Z
Part		thod of inventory valu			
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6 7	Total. Add lines 1 through 5				0
8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope				
-	IV Rent Income (From Real Property and				100 _ 110
1	Description of property (property street address,				
	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%)				
la.	·				
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, column	ns A through D. Enter	here and on Part I,	line 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	D Enter here and o	n Part I line 6 colu	ımn (R)	0
Par	· ·				<u> </u>
1	Description of debt-financed property (street add A	iress, city, state, ZIP	code). Check if a c	iuai-use. See iristruc	HOUS.
	B □				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

Page 3

Sched	ule A (Form 990-T) 2023							Page 3		
Par	t VI Interest, Annuitie	es, Royaltie	s, and Rents	s Fro	om Controlled Org	ganizations (see instru	ction	is)		
					Exempt Co	ntrolled Organizations				
		2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with acome in column 5		
(1)										
(2)										
(3)										
(4)										
	-									
	income		unrelated me (loss) structions)	ne (loss) payments made		10. Part of column 9 that is included in the controlling organization's	that is included in the connected			
(1)										
(2)										
(3)										
(4)										
Tota	als					Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B).		
		me of a Sec	tion 501(c)(7	7). (9), or (17) Organiza	ation (see instructions)				
	1. Description of income				2. Amount of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides
(1)										
(2)										
(3)										
(4)										
		Enter here	nts in column 2. and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).		
Tota	als	-	0					0		
Par	VIII Exploited Exemp	t Activity Ir	ncome, Othe	r Th	an Advertising In	come (see instructions	s)			
1	Description of exploited a	activity:								
2	Gross unrelated business						2			
3	Expenses directly connectine 10, column (B)	•				•	3			
4	Net income (loss) from u lines 5 through 7						4			
5	Gross income from activi						5			
6		•					6			
7	-	s. Subtract lir	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line							

Pari	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodic	als on a consolid	ated basis.	
	A \square	·			
	В 🗌				
	C 🗆				
	D				
nter	amounts for each periodical listed above in the co				
2	Gross advertising income	Α	В	С	D
2	_				
а	Add columns A through D. Enter here and on Pa	art I, line 11, column	(A)		0
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	art I, line 11, column	(B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- 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 5 is less than line 6, enter -0				
8	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				
а	Add line 8, columns A through D. Enter the gart II, line 13				
Par	t X Compensation of Officers, Directors				
	1. Name	2. Title		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	II. Enter here and on Part II, line 1				0
Pari	XI Supplemental Information (see instru	ictions)			0
- ai	Cappionional mornation (See Metro	30110110)			

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 903008 19 **C** Unrelated business activity code (see instructions) **D** Sequence: of E Describe the unrelated trade or business FUND IX Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 0 c Balance 0 1c Cost of goods sold (Part III, line 8) 2 2 0 3 Gross profit. Subtract line 2 from line 1c. 3 0 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4b 0 0 Capital loss deduction for trusts 4c 0 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 4,807 4,807 Rent income (Part IV) 6 6 0 0 7 7 Unrelated debt-financed income (Part V) 0 0 0 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 0 9 0 0 10 Exploited exempt activity income (Part VIII) 10 0 0 0 11 Advertising income (Part IX) 11 0 0 0 Other income (see instructions; attach statement) 12 0 0 12 Total. Combine lines 3 through 12 13 13 4.807 4.807 Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . . . 0 1 0 2 Salaries and wages 2 3 3 0 4 4 0 Bad debts 5 5 0 Interest (attach statement). See instructions 6 6 0 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return. 0 8b 0 9 0 10 0 Contributions to deferred compensation plans 10 0 11 Employee benefit programs 11 12 0 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 13 0 0 14 14 15 Total deductions. Add lines 1 through 14 15 0 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 16 4.807 17 17 0

For Paperwork Reduction Act Notice, see instructions.

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

Cat. No. 74036O

Schedule A (Form 990-T) 2023

4.807

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	e A (1 01111 330-1) 2023				Fage Z
Part		thod of inventory valu			
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6 7	Total. Add lines 1 through 5				0
8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope				
-	IV Rent Income (From Real Property and				100 _ 110
1	Description of property (property street address,				
	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%)				
la.	·				
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, column	ns A through D. Enter	here and on Part I,	line 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	D Enter here and o	n Part I line 6 colu	ımn (R)	0
Par	· ·				<u> </u>
1	Description of debt-financed property (street add A	iress, city, state, ZIP	code). Check if a c	iuai-use. See iristruc	HOUS.
	B □				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

Par	Interest, Annuiti	es, Royaltie	es, and Rent	s Fro		,	iction	s)
					Exempt Co	ontrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	ss)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
<u> </u>	L		I.				-	
	7. Taxable income 8. Net unrelated income (loss) (see instructions)		9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10	
(1)								
(2)								
(3)								
(4)								
Tota Part		 ume of a Se		 7) (9		Enter here and on Part I, line 8, column (A). 0 ation (see instructions)	I	er here and on Part I, ine 8, column (B).
rait	<u> </u>			<i>i</i>				Tatal dadaatiaaa
	1. Description of income	2. Amou	ınt of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
	Add amounts in col Enter here and on line 9, column (and on Part I,				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota			0					0
Part			ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines						2	
3	Expenses directly connected with production of unline 10, column (B)						3	
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4	
5	Gross income from activ						5	
6	Expenses attributable to	income ente	red on line 5					
7	Excess exempt expense		ne 5 from line	6, but	t do not enter more	than the amount on line	7	

Part	Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting t	wo or more period	icals on a consol	idated basis.	
	A 🗆		•			
	В 🗌					
	C 🔲					
·		:- 4				
nter	amounts for each periodical listed above	in the cc	A	ıп. В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, colum	n (A)		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here an	nd on Pa	rt I, line 11, colum	n (B)		0
4	Advertising gain (loss). Subtract line 3 fr 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 -0- on line 8	a gain, olumn in omplete				
5 6 7	Readership costs	 ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. Enter Part II, line 13	_				
Par	Compensation of Officers, Di	rectors	, and Trustees (see instructions	s)	
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
1)					%	
2)					%	
3)					%	
4)					%	
Tota	I. Enter here and on Part II, line 1 .					0
Pari	XI Supplemental Information (se	e instru	ctions)			
	(0.00)					

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 903009 19 10 **C** Unrelated business activity code (see instructions) **D** Sequence: of **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 0 c Balance 0 1c Cost of goods sold (Part III, line 8) 2 2 0 3 Gross profit. Subtract line 2 from line 1c. 3 0 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4b 0 0 Capital loss deduction for trusts 0 4c 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 (3,061)(3,061)Rent income (Part IV) 6 6 0 0 7 7 Unrelated debt-financed income (Part V) 0 0 0 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 0 9 0 0 10 Exploited exempt activity income (Part VIII) 10 0 0 0 11 Advertising income (Part IX) 11 0 0 0 Other income (see instructions; attach statement) 12 0 0 12 Total. Combine lines 3 through 12 . . _ . . . 13 13 (3.061)(3,061)Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . 0 1 0 2 Salaries and wages 2 3 3 0 4 4 0 Rad debts 5 5 0 Interest (attach statement). See instructions 6 6 0 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return . 0 8b 0 9 0

For Paperwork Reduction Act Notice, see instructions.

Contributions to deferred compensation plans . . .

Excess exempt expenses (Part VIII)

Employee benefit programs

Excess readership costs (Part IX)

Total deductions. Add lines 1 through 14

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

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Cat. No. 74036O

Schedule A (Form 990-T) 2023

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	e A (1 01111 330-1) 2023				Fage Z
Part		thod of inventory valu			
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6 7	Total. Add lines 1 through 5				0
8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope				
-	IV Rent Income (From Real Property and				100 _ 110
1	Description of property (property street address,				
	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%)				
la.	·				
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, column	ns A through D. Enter	here and on Part I,	line 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	D Enter here and o	n Part I line 6 colu	ımn (R)	0
Par	· ·				<u> </u>
1	Description of debt-financed property (street add A	iress, city, state, ZIP	code). Check if a c	iuai-use. See iristruc	HOUS.
	B □				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

	t VI Interest, Annuit	ties, Royaltie	s, and Rents	s Fro	om Controlled Org	ganizations (see instru	ıction	s)			
					Exempt Controlled Organizations						
	Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		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)											
		•			1						
	7. Taxable income	inco	unrelated me (loss) structions)	9	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10			
(1)											
(2)											
(3)											
(4)											
Tota						Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B).			
Par	t VII Investment Inco	ome of a Sec	ction 501(c)(7	7), (9), or (17) Organiza	ation (see instructions))				
	1. Description of income	2. Amou	nt of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)			
(1)											
(2)											
(3)											
(4)											
Tota	ale.	Enter here	nts in column 2. and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).			
		nt Activity le	ocome Othe	r Th	an Advertising In	come (see instructions	2)	0			
1	Description of exploited		icomo, oute		an Autordonig III	COLLIE (COC III GLI GOLIO II					
2			n trade or busi	ness.	Enter here and on P	art I, line 10, column (A)	2				
3	Expenses directly conn	ected with pro	duction of unre	elated	d business income. E	Enter here and on Part I,					
4	line 10, column (B)			. Sub	otract line 3 from line	e 2. If a gain, complete	3				
	lines 5 through 7						4				
5	Gross income from acti						5				
6	Expenses attributable to						6				
7	Excess exempt expens 4. Enter here and on Pa					than the amount on line	7				

Schedule A (Form 990-T) 2023 Page **4**

Par	IX Advertising Income					•
1	Name(s) of periodical(s). Check box if re	porting tw	o or more periodic	als on a consolic	lated basis.	
	A 🗆		·			
	В 🗌					
	C □					
	D 🗌					
Enter	amounts for each periodical listed above	in the corr	esponding columr	۱.		
			Α	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here ar	nd on Part	I, line 11, column	` ,		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here ar	nd on Part —	I, line 11, column	(B)		0
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any coline 4 showing a loss or zero, do not colines 5 through 7, and enter -0- on line 8	a gain, lumn in omplete				
5 6 7	Readership costs	ss than is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on				
а	Add line 8, columns A through D. Ent Part II, line 13	ter the gre	eater of the line 8	sa columns total	or -0- here and	on 0
Par	t X Compensation of Officers, Dir	rectors, a	and Trustees (s	ee instructions)		
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Tota	II. Enter here and on Part II, line 1 .					0
Par	Supplemental Information (se	e instruct	ions)			

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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 A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 903010 19 11 **C** Unrelated business activity code (see instructions) **D** Sequence: of E Describe the unrelated trade or business FUND XI Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 0 c Balance 0 1c Cost of goods sold (Part III, line 8) 2 2 0 3 Gross profit. Subtract line 2 from line 1c. 3 0 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4b 0 Capital loss deduction for trusts 4c 0 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 (18,373)(18,373)Rent income (Part IV) 6 6 0 0 7 7 Unrelated debt-financed income (Part V) 0 0 0 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 0 9 0 0 10 Exploited exempt activity income (Part VIII) 10 0 0 0 11 Advertising income (Part IX) 11 0 0 0 12 0 0 12 Other income (see instructions; attach statement) Total. Combine lines 3 through 12 . . _ . . . 13 13 (18.373)Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . . . 0 1 0 2 Salaries and wages 2 3 3 0 4 4 0 Rad debts 5 5 0 Interest (attach statement). See instructions 6 6 0 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return. 0 8b 0 9 0 10 0 Contributions to deferred compensation plans 10 0 11 Employee benefit programs 11 12 0 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 13 0 14 0 14 15 Total deductions. Add lines 1 through 14 15 0 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 16 (18,373)17 17 0

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

(18,373)

18

Schedule A (Form 990-T) 2023 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		· · ·
1	Inventory at beginning of year			1	0
2	Purchases			2	2 0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)			4	0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year				0
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to prop				
	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code). Check if a dual-u	se. See instructio	ns.
	<u>A</u> <u> </u>				
	B				
	C □				
	D 📙	Α	В	С	D
2	Rent received or accrued	A	В		
a	From personal property (if the percentage of				
u	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, colum	nc A through D. Entor	horo and an Part I	ing 6 column (A)	0
3	·	ins A through D. Enter	Tiere and on Fart i, i	ine o, column (A)	
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	h D. Enter here and o	on Part I, line 6, colu	ımn (B)	0
Dar	V Unrelated Debt-Financed Income (se				
1	Description of debt-financed property (street add		code) Check if a d	lual-use See inst	ructions
•	A	•	,	1441 450. 500 IIIO	radiono.
	B 🗆				
	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				
a	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
С	columns A through D)				
1	Amount of average acquisition debt on or allocable				
4	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
J	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 an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	_			0

Sched	lule A (Form 990-T) 2023							Page 3
Pa	rt VI Interest, Annuit	ies, Royaltie	es, and Rents	s Fro		ganizations (see instru	ction	s)
					Exempt Co	ntrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
	7. Taxable income	inco	t unrelated me (loss) estructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota	als					Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B).
Par	t VII Investment Inco	ome of a Sec	ction 501(c)(7), (9), or (17) Organiza	ation (see instructions)		
	1. Description of income		int of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides Id columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
Tota	als	Enter here	nts in column 2. and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
		nt Activity l		r Th	an Advertising In	l come (see instructions	3)	0
1	Description of exploited		ncome, our	71 111	an Auvertising in	come (see instructions) 	
2			n trade or busi	ness	Enter here and on P	art L line 10, column (Δ)	2	
3	3 Expenses directly connected with production of unrelated business income. Enter here and on Pari							
4	line 10, column (B)						3	
-	lines 5 through 7						4	
5	Gross income from acti	vity that is not	unrelated bus	iness	income		5	
6								
7	Excess exempt expense 4. Enter here and on Pa						7	

Par	X Advertising Income					, ,
1	Name(s) of periodical(s). Check box if re	eporting t	two or more period	icals on a consol	idated basis.	
	A 🗆 🐪		•			
	В 🗌					
	C 🗆					
	D 🗌					
nter	amounts for each periodical listed above	in the co	_ · _ ·			
2	Cross advertising income		Α	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here a	nd on Pa	ırt I, line 11, columr	n (A)		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, columr	n (B)		0
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any coline 4 showing a loss or zero, do not colines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete				
5	Readership costs					
6 7	Circulation income	ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. En Part II, line 13	_				
Par	X Compensation of Officers, Di	rectors	, and Trustees (see instructions	s)	
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
1)					%	
2)					%	
3)					%	
1)					%	
Γota	I. Enter here and on Part II, line 1 .					0
Pari	XI Supplemental Information (se	e instru	ctions)			0
. CII	Cappionioniai mormation (co)	0110110)			

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 903011 19 12 **C** Unrelated business activity code (see instructions) **D** Sequence: of E Describe the unrelated trade or business FUND XII Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 0 c Balance 0 1c Cost of goods sold (Part III, line 8) 0 2 2 3 Gross profit. Subtract line 2 from line 1c. 3 0 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4b (1,312)(1,312)Capital loss deduction for trusts 4c 0 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 (20,306)(20,306)Rent income (Part IV) 6 6 0 0 0 7 7 Unrelated debt-financed income (Part V) 0 0 0 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 0 9 0 0 10 Exploited exempt activity income (Part VIII) 10 0 0 0 11 Advertising income (Part IX) 11 0 0 0 12 0 0 12 Other income (see instructions; attach statement) Total. Combine lines 3 through 12 13 13 (21.618)(21,618)Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . 0 1 0 2 Salaries and wages 2 3 3 0 4 4 0 Rad debts 5 5 0 Interest (attach statement). See instructions 6 6 0 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return . 0 8b 0 9 0 10 0 Contributions to deferred compensation plans . . . 10 0 11 Employee benefit programs 11 12 0 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 13 0 14 0 14 15 Total deductions. Add lines 1 through 14 15 0 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 16 (21,618)17 17 0 Unrelated business taxable income. Subtract line 17 from line 16 . . .

(21,618)

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Schedule A (Form 990-T) 2023 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		· · ·
1	Inventory at beginning of year			1	0
2	Purchases			2	2 0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)			4	0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year				0
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to prop				
	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code). Check if a dual-u	se. See instructio	ns.
	<u>A</u> <u> </u>				
	B				
	C □				
	D 📙	Α	В	С	D
2	Rent received or accrued	A	В		
a	From personal property (if the percentage of				
u	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, colum	nc A through D. Entor	horo and an Part I	ing 6 column (A)	0
3	·	ins A through D. Enter	Tiere and on Fart i, i	ine o, column (A)	
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	h D. Enter here and o	on Part I, line 6, colu	ımn (B)	0
Dar	V Unrelated Debt-Financed Income (se				
1	Description of debt-financed property (street add		code) Check if a d	lual-use See inst	ructions
•	A	•	,	1441 450. 500 IIIO	radiono.
	B				
	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				
a	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
С	columns A through D)				
1	Amount of average acquisition debt on or allocable				
4	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
J	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 an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	_			0

	t VI Interest, Annuit	ies Rovaltie	s and Rents	s Fro	m Controlled Ord	ganizations (see instru	ction	Page 3
	into oot, 7 time					entrolled Organizations	01.01	
	Name of controlled organization	2. Employer identification number 3. Net unrelat income (loss (see instruction))		ss) 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)								
	7. Taxable income 8. Net unrelat income (loss (see instruction)		me (loss)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota	ale					Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B).
		ome of a Sec	ction 501(c)(7). (9), or (17) Organiza	ation (see instructions)		
	1. Description of income		nt of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.	Total deductions and set-asides Id columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota			0		<u> </u>	,	Ļ	0
Par			ncome, Othe	r Th	an Advertising In	come (see instructions	5)	<u> </u>
1	Description of exploited				Fatanbane			
2						Part I, line 10, column (A)	2	
3	line 10, column (B)					Enter here and on Part I,	3	
4	Net income (loss) from unrelated trade or busines			. Sub	tract line 3 from line	e 2. If a gain, complete	_	
-	lines 5 through 7						4	
5		-					5 6	
6 7	Expenses attributable to					than the amount on line	-	
7	4. Enter here and on Pa		ie o ironi ime	o, bui	7			

Schedule A (Form 990-T) 2023 Page **4**

Part	IX Advertising Income						
1	Name(s) of periodical(s). Check box if re	porting t	wo or more periodic	als on a consoli	idated basis.		
	A 🗌						
	В 🗌						
	C						
	D						
Enter	amounts for each periodical listed above	in the co		n. B	С		
2	Gross advertising income		Α	В		D	_
_	-						
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, column	(A)		•	0
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here are	nd on Pa	rt I, line 11, column	(B)		•	0
4	Advertising gain (loss). Subtract line 3 ft 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-	a gain, lumn in					
	lines 5 through 7, and enter -0- on line 8						
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter -0-	5 is less					
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on					
а	Add line 8, columns A through D. Ent	ter the g					
	Part II, line 13					·	0
Par	t X Compensation of Officers, Di	rectors	, and Trustees (Se	ee instructions	1		
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business 	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Tota	II. Enter here and on Part II, line 1						0
	Supplemental Information (se						

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

	me of the organization			В	Employer ide			numbe	r
CHAR	LES KOCH INSTITUTE					27-496	7732		
C Uni	related business activity code (see instructions)		903012	D	Sequence:	1	3	of	19
E Des	scribe the unrelated trade or business FUND XIII		1				1		
Par	Unrelated Trade or Business Income		(A) Income		(B) Expense	es		(C) N	et
1a	Gross receipts or sales 0								
b	Less returns and allowances 0 c Balance	1c		0					
2	Cost of goods sold (Part III, line 8)	2		0					
3	Gross profit. Subtract line 2 from line 1c	3		0					0
4a	Capital gain net income (attach Schedule D (Form 1041 or								
	Form 1120)). See instructions	4a		0					0
b	Net gain (loss) (Form 4797) (attach Form 4797). See								
	instructions	4b		0					0
С	Capital loss deduction for trusts	4c		0					0
5	Income (loss) from a partnership or an S corporation (attach								
	statement)	5	(16,718	3)					(16,718)
6	Rent income (Part IV)	6		0		0			0
7	Unrelated debt-financed income (Part V)	7		0		0			0
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Part VI)	8		0		0			0
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)	9		0		0			0
10	Exploited exempt activity income (Part VIII)	10		0		0			0
11	Advertising income (Part IX)	11		0		0			0
12	Other income (see instructions; attach statement)	12		0					0
13	Total. Combine lines 3 through 12	13	(16,718	3)		0			(16,718)
Par	t II Deductions Not Taken Elsewhere. See instruction		limitations on de	edu	uctions. Dec	ductio	ns n	nust b	e
	directly connected with the unrelated business inco	me.							
1	Compensation of officers, directors, and trustees (Part X)					1			0
2	Salaries and wages					2			0
3	Repairs and maintenance					3			0
4	Bad debts					4			0
5	Interest (attach statement). See instructions					5			0
6	Taxes and licenses					6			0
7	Depreciation (attach Form 4562). See instructions				0				
8	Less depreciation claimed in Part III and elsewhere on return $\ .$		8a		0				0
9	Depletion					9			0
10	Contributions to deferred compensation plans					10			0
11	Employee benefit programs					11			0
12	Excess exempt expenses (Part VIII)					12			0
13	Excess readership costs (Part IX)					13			0
14	Other deductions (attach statement)					14			0
15	Total deductions. Add lines 1 through 14					15			0
16	Unrelated business income before net operating loss deduction								
	column (C)					16			(16,718)
17	Deduction for net operating loss. See instructions					17			0
18	Unrelated business taxable income. Subtract line 17 from lin			_		18			(16,718)
For Pa	perwork Reduction Act Notice, see instructions.	Ca	at. No. 74036O			Sched	lule A	(Form 9	90-T) 2023

	e A (1 01111 330-1) 2023				Fage Z				
Part		thod of inventory valu							
1	Inventory at beginning of year				0				
2	Purchases								
3	Cost of labor								
4	Additional section 263A costs (attach statement)								
5	Other costs (attach statement)								
6 7					0				
8	Inventory at end of year				0				
9	Do the rules of section 263A (with respect to prope								
-	IV Rent Income (From Real Property and				100 _ 110				
1	Description of property (property street address,								
	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%)								
L	·								
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, column	ns A through D. Enter	here and on Part I,	line 6, column (A)	0				
4	Deductions directly connected with the income								
	in lines 2a and 2b (attach statement)								
5	Total deductions. Add line 4, columns A through	D Enter here and o	n Part I line 6 colu	ımn (R)	0				
Par	· ·				<u> </u>				
1	Description of debt-financed property (street add A	iress, city, state, ZIP	code). Check if a c	iuai-use. See iristruc	HOUS.				
	B □								
	c □								
	D								
		Α	В	С	D				
2	Gross income from or allocable to debt-financed								
	property								
3	Deductions directly connected with or allocable								
	to debt-financed property								
а	Straight line depreciation (attach statement) .								
b	Other deductions (attach statement)								
С	Total deductions (add lines 3a and 3b,								
	columns A through D)								
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)								
5	Average adjusted basis of or allocable to debt-financed property (attach statement)								
6	Divide line 4 by line 5	%	%	%	%				
7	Gross income reportable. Multiply line 2 by line 6								
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A)	0				
9	Allocable deductions. Multiply line 3c by line 6								
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, lir	ne 7, column (B)	0				
11	Total dividends — received deductions include	ed in line 10			0				

	ule A (Form 990-1) 2023							Page 3	
Pai	t VI Interest, Annuit	ies, Royaltie	es, and Rents	s Fro		ganizations (see instru	ction	s)	
					Exempt Co	ntrolled Organizations			
		2. Employer identification number	3. Net unrela income (los (see instruction)	ss)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5	
(1)									
(2)									
(3)									
(4)									
		1			1				
	7. Taxable income	inco	unrelated me (loss) estructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directions connected with income in column 1		
(1)									
(2)									
(3)									
(4)									
Tota	als					Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	d columns 6 and 11. er here and on Part I, ne 8, column (B).	
Par	t VII Investment Inc	ome of a Sec	ction 501(c)(7), (9), or (17) Organiza	ation (see instructions)			
	1. Description of income		int of income	C	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.	Total deductions and set-asides d columns 3 and 4)	
(1)									
(2)									
(3)									
(4)									
		Enter here	nts in column 2. and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ne 9, column (B).	
	als		0		A di			0	
Par			ncome, Othe	erin	an Advertising in	come (see instructions	5)		
1	Description of exploited		- 4		Fatanban I B				
2						art I, line 10, column (A)	2		
3	Expenses directly conn line 10, column (B)	•				Enter here and on Part I,	3		
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4		
5	Gross income from acti						5		
6	Expenses attributable t	-					6		
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amour 4. Enter here and on Part II, line 12				7				

Schedule A (Form 990-T) 2023 Page **4**

Part	X Advertising Income				
1	Name(s) of periodical(s). Check box if rep	orting two or more periodic	cals on a consolidat	ed basis.	
	A 🗌				
	В 🗌				
	<u> </u>				
	D	. 41 11			
nter	amounts for each periodical listed above in	the corresponding columi	n. B	С	D
2	Gross advertising income	A	В		
	•		(4)	1	
a	Add columns A through D. Enter here and	d on Part I, line 11, column			0
3 a	Direct advertising costs by periodical . Add columns A through D. Enter here and		(P)		. 0
а	Add coldinins A through D. Enter here and	Torri arti, iirle 11, columni	(В)		
4	Advertising gain (loss). Subtract line 3 fro 2. For any column in line 4 showing a complete lines 5 through 8. For any coluline 4 showing a loss or zero, do not cor lines 5 through 7, and enter -0- on line 8	gain, umn in mplete			
5	Readership costs				
6 7	Circulation income	s than is less			
8	Excess readership costs allowed deduction. For each column showing a g line 4, enter the lesser of line 4 or line 7.	ain on			
а	Add line 8, columns A through D. Ente Part II, line 13				
Par	X Compensation of Officers, Dire	ectors, and Trustees (s	ee instructions)		
	1. Name	2. Title		3. Percentage f time devoted to business	 Compensation attributable to unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	II. Enter here and on Part II, line 1				0
	Supplemental Information (see				<u> </u>
	Cuppionicinal information (cos	inou doubling			

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

	Revenue Service Do not enter SSN numbers on this form as it may be	made į	oublic if your org	ganizati	on is a 50		en to Public I 01(c)(3) Organi	
A Na	me of the organization			В	Employe	er identific	cation num	ber
CHAR	RLES KOCH INSTITUTE					27-49	67732	
C Un	related business activity code (see instructions)		903013	D	Sequen	ce:	14 of	19
E De	scribe the unrelated trade or business FUND XIV							
Pai	Unrelated Trade or Business Income		(A) Income		(B) Exp	oenses	(C)	Net
1a	Gross receipts or sales 0							
b	Less returns and allowances	1c		0				
2	Cost of goods sold (Part III, line 8)	2		0				
3	Gross profit. Subtract line 2 from line 1c	3		0				0
4a	Capital gain net income (attach Schedule D (Form 1041 or							
	Form 1120)). See instructions	4a		0				0
b	Net gain (loss) (Form 4797) (attach Form 4797). See	ا ا						
	instructions	4b		0				0
c	Capital loss deduction for trusts	4c		0				0
5	Income (loss) from a partnership or an S corporation (attach statement)							_
•	,	5		0				0
6	Rent income (Part IV)	6		0		C		0
7 8	Unrelated debt-financed income (Part V)	7		0		C)	0
Ū	organization (Part VI)	8		0		C		0
9	Investment income of section 501(c)(7), (9), or (17)	0		0			,	0
	organizations (Part VII)	9		0		C		0
10	Exploited exempt activity income (Part VIII)	10		0				0
11	Advertising income (Part IX)	11		0				0
12	Other income (see instructions; attach statement)	12		0			/	0
13	Total. Combine lines 3 through 12	13		0		C)	0
Par			imitations on	dedu	ctions.	Deduction	ons must	
	directly connected with the unrelated business inco							
1	Compensation of officers, directors, and trustees (Part X)					. 1		0
2	Salaries and wages					. 2		0
3	Repairs and maintenance					. 3		0
4	Bad debts					. 4		0
5	Interest (attach statement). See instructions					. 5		0
6	Taxes and licenses					. 6		0
7	Depreciation (attach Form 4562). See instructions					0		
8	Less depreciation claimed in Part III and elsewhere on return .					0 8b		0
9	Depletion							0
10	Contributions to deferred compensation plans							0
11	Employee benefit programs							0
12	Excess exempt expenses (Part VIII)							0
13 14	Excess readership costs (Part IX)							0
14 15	Other deductions (attach statement)							0
16	Unrelated business income before net operating loss deduction							0
	column (C)							0
17	Deduction for net operating loss. See instructions							0

Unrelated business taxable income. Subtract line 17 from line 16

0

Schedule A (Form 990-T) 2023 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		· · ·				
1	Inventory at beginning of year			1	0				
2	Purchases			2	2 0				
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				0				
8	Cost of goods sold. Subtract line 7 from line 6.								
9	Do the rules of section 263A (with respect to prop								
	N Rent Income (From Real Property an								
1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.								
	<u>A</u>								
	B								
	C □								
	D 📙	Α	В	С	D				
2	Rent received or accrued	A	В						
a	From personal property (if the percentage of								
u	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, colum	nc A through D. Entor	horo and an Part I	ing 6 column (A)	0				
3	·	ins A through D. Enter	Tiere and on Fart i, i	ine o, column (A)					
4	Deductions directly connected with the income								
	in lines 2a and 2b (attach statement)								
5	Total deductions. Add line 4, columns A through	h D. Enter here and o	on Part I, line 6, colu	ımn (B)	0				
Dar	V Unrelated Debt-Financed Income (se								
1	Description of debt-financed property (street add		code) Check if a d	lual-use See inst	ructions				
•	A	•	,	1441 450. 500 11101	radiono.				
	B								
	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								
a	Straight line depreciation (attach statement) .								
b	Other deductions (attach statement) Total deductions (add lines 3a and 3b,								
С	columns A through D)								
1	Amount of average acquisition debt on or allocable								
4	to debt-financed property (attach statement)								
5	Average adjusted basis of or allocable to debt-								
J	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 an	d on Part I, line 7, o	column (A)	0				
9	Allocable deductions. Multiply line 3c by line 6								
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0				
11	Total dividends — received deductions include	_			0				

Par	t VI Interest, Annuit	ies, Royaltie	es, and Rent	s Fro	m Controlled Ord	ganizations (see instru	iction	s)		
					Exempt Controlled Organizations					
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5		
(1)										
(2)										
(3)										
(4)										
	7. Taxable income	inco	t unrelated ome (loss) ostructions)	9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10			
(1)										
(2)										
(3)										
(4)										
Tota		ome of a Se		 7), (9), or (17) Organiza	Add columns 5 and 10. Enter here and on Part I, line 8, column (A). otherwise and on Part I, line 8 of the column (A). ation (see instructions)	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B).		
	1. Description of income		unt of income	,, (-	3. Deductions	4. Set-asides		Total deductions		
	i. Description of income	Z. Amot	ant of income		lirectly connected attach statement)	(attach statement)		and set-asides d columns 3 and 4)		
(1)										
(2)										
(3)										
(4)										
T	Add amounts in column 2. Enter here and on Part I, line 9, column (A).					Ente	amounts in column 5. er here and on Part I, ine 9, column (B).			
Tota		nt Activity	0	u Th	on Advortising In	 come (see instructions	7	0		
	•	·	ncome, othe	er IN	an Auverusing in	come (see instructions)			
1	Description of exploited		n trada ar busi	2000	Enter here and an	Part L line 10 column (A)	2			
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 acti						5			
6	Expenses attributable to	o income ente	red on line 5				6			
7	Excess exempt expenses. 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			

Par	X Advertising Income					, ,
1	Name(s) of periodical(s). Check box if re	eporting t	two or more period	icals on a consol	idated basis.	
	A 🗆 🐪		•			
	В 🗌					
	C 🗆					
	D 🗌					
nter	amounts for each periodical listed above	in the co	_ · _ ·			
2	Cross advertising income		Α	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here a	nd on Pa	ırt I, line 11, columr	n (A)		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, columr	n (B)		0
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any coline 4 showing a loss or zero, do not colines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete				
5	Readership costs					
6 7	Circulation income	ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. En Part II, line 13	_				
Par	X Compensation of Officers, Di	rectors	, and Trustees (see instructions	s)	
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
1)					%	
2)					%	
3)					%	
1)					%	
Γota	I. Enter here and on Part II, line 1 .					0
Pari	XI Supplemental Information (se	e instru	ctions)			0
. CII	Cappionioniai mormation (co)	0110110)			

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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). Open to Public Inspection to 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 903014 19 15 **D** Sequence: C Unrelated business activity code (see instructions)

Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales 0					
b	Less returns and allowances	1c	0			
2	Cost of goods sold (Part III, line 8)	2	0			
3	Gross profit. Subtract line 2 from line 1c	3	0			0
4a	Capital gain net income (attach Schedule D (Form 1041 or					
	Form 1120)). See instructions	4a	0			0
b	Net gain (loss) (Form 4797) (attach Form 4797). See	41.				
	instructions	4b	0			0
C	Capital loss deduction for trusts	4c	0			0
5	Income (loss) from a partnership or an S corporation (attach statement)	_				
_		5	0			0
6	Rent income (Part IV)	6	0		0	0
7 8	Unrelated debt-financed income (Part V)	7	0		0	0
Ü	organization (Part VI)	8	0			0
9	Investment income of section 501(c)(7), (9), or (17)	0	U		0	
•	organizations (Part VII)	9	0		0	0
10	Exploited exempt activity income (Part VIII)	10	0		0	0
11	Advertising income (Part IX)	11	0		0	0
12	Other income (see instructions; attach statement)	12	0			0
13	Total. Combine lines 3 through 12	13	0		0	0
Par		s for	limitations on ded	uctions. Deduc	ctions m	ust be
1	Compensation of officers, directors, and trustees (Part X)				1	0
2	Salaries and wages			_	2	0
3	Repairs and maintenance				3	0
4	Bad debts				4	0
5	Interest (attach statement). See instructions			-	5	0
6	Taxes and licenses			<u> </u>	6	0
7	Depreciation (attach Form 4562). See instructions		1 1	0		
8	Less depreciation claimed in Part III and elsewhere on return .			0 8	Bb	0
9	Depletion				9	0
10	Contributions to deferred compensation plans				10	0
11	Employee benefit programs			🗔	11	0
12	Excess exempt expenses (Part VIII)				12	0
13	Excess readership costs (Part IX)			[1	13	0
14	Other deductions (attach statement)			[1	14	0
15	Total deductions. Add lines 1 through 14			[1	15	0
16	Unrelated business income before net operating loss deduction					
	column (C)				16	0
17	Deduction for net operating loss. See instructions				17	0
18	Unrelated business taxable income. Subtract line 17 from lin	ne 16		1	18	0

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

Schedule A (Form 990-T) 2023 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		· · ·
1	Inventory at beginning of year			1	0
2	Purchases			2	2 0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)			4	0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year				0
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to prop				
	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code). Check if a dual-u	se. See instructio	ns.
	<u>A</u> <u> </u>				
	B				
	C □				
	D 📙	Α	В	С	D
2	Rent received or accrued	A	В		
a	From personal property (if the percentage of				
u	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, colum	nc A through D. Entor	horo and an Part I	ing 6 column (A)	0
3	·	ins A through D. Enter	Tiere and on Fart i, i	ine o, column (A)	
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	h D. Enter here and o	on Part I, line 6, colu	ımn (B)	0
Dar	V Unrelated Debt-Financed Income (se				
1	Description of debt-financed property (street add		code) Check if a d	lual-use See inst	ructions
•	A	•	,	1441 450. 500 IIIO	radiono.
	B				
	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				
a	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
С	columns A through D)				
1	Amount of average acquisition debt on or allocable				
4	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
J	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 an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	_			0

Page **3**

Pa	rt VI Interest, Annuit	ies, Royaltie	es, and Rents	Fro	m Controlled Org	ganizations (see instru	iction	is)
					Exempt Co	ntrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with acome in column 5
(1)								
(2)								
(3)								
(4)								
	7. Taxable income	inco	t unrelated me (loss) astructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)							1	
(2)							1	
(3)								
(4)								
Tota	als					Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B).
Par	t VII Investment Inco	ome of a Sec	ction 501(c)(7	7), (9), or (17) Organiza	ation (see instructions)	,	
	1. Description of income		ınt of income	C	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.	Total deductions and set-asides dd columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
T. .	-1-	Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
	als	· A adissidas de	0	Th	an Advantiaina la			0
	-		ncome, Otne	rin	an Auverusing in	come (see instructions	5)	1
1	Description of exploited		n trada ar buair	2000	Entar hara and an D	art I, line 10, column (A)	2	
2 3	Expenses directly conne	ected with pro	duction of unre	elatec	d business income. E	Enter here and on Part I,		
4	line 10, column (B) Net income (loss) from					e 2. If a gain, complete	3	
-	lines 5 through 7					4		
5	Gross income from acti	•					5	
6	Expenses attributable to						6	
7	Excess exempt expens 4. Enter here and on Pa					than the amount on line	7	

Schedule A (Form 990-T) 2023 Page **4**

Part	X Advertising Income				
1	Name(s) of periodical(s). Check box if rep	orting two or more periodic	cals on a consolidat	ed basis.	
	A 🗌				
	В 🗌				
	<u> </u>				
	D	. 41 11 11 11 11 11 11			
nter	amounts for each periodical listed above in	the corresponding columi	ո. B	С	D
2	Gross advertising income	A	В		
	•		(4)	1	
a	Add columns A through D. Enter here and				0
3	Direct advertising costs by periodical . Add columns A through D. Enter here and	L	(D)		
а	Add coldinins A through D. Enter here and	John Part I, line 11, column	(D)		0
4	Advertising gain (loss). Subtract line 3 fro 2. For any column in line 4 showing a complete lines 5 through 8. For any column 4 showing a loss or zero, do not cor lines 5 through 7, and enter -0- on line 8	gain, umn in mplete			
5	Readership costs				
6 7	Circulation income	s than is less			
8	Excess readership costs allowed deduction. For each column showing a g line 4, enter the lesser of line 4 or line 7.	ain on			
а	Add line 8, columns A through D. Ente Part II, line 13				
Par	X Compensation of Officers, Dire	ectors, and Trustees (s	ee instructions)		
	1. Name	2. Title		3. Percentage If time devoted to business	 Compensation attributable to unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	II. Enter here and on Part II, line 1				0
	Supplemental Information (see				<u> </u>

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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 to 501(c)(3) Organizations Only

Open to Public Inspection for

A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 903015 16 19 C Unrelated business activity code (see instructions) **D** Sequence:

E De	scribe the unrelated trade or business FUND XVI					
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a b	Gross receipts or sales Less returns and allowances 0 c Balance	1c	0			
2	Cost of goods sold (Part III, line 8)	2	0			
3 4a	Gross profit. Subtract line 2 from line 1c	3 4a	0			0
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	10,681			10,681
с 5	Capital loss deduction for trusts	4c 5	81,367			81,367
6	Rent income (Part IV)	6	01,007		0	0
7	Unrelated debt-financed income (Part V)	7	0		0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	0		0	0
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9	0		0	0
10	Exploited exempt activity income (Part VIII)	10	0		0	0
11	Advertising income (Part IX)	11	0		0	0
12	Other income (see instructions; attach statement)	12	0			0
13	Total. Combine lines 3 through 12	13	92,048		0	92,048
Par	Deductions Not Taken Elsewhere. See instruction directly connected with the unrelated business inco		limitations on ded	uctions. Dec	ductio	ns must be
1	Compensation of officers, directors, and trustees (Part X)				1	0
2	Salaries and wages				2	0
3	Repairs and maintenance				3	0
4	Bad debts				4	0
5	Interest (attach statement). See instructions				5	0
6	Taxes and licenses				6	0
7	Depreciation (attach Form 4562). See instructions			0		_
8	Less depreciation claimed in Part III and elsewhere on return .			0		0
9	Depletion				9	0
10	Contributions to deferred compensation plans				10 11	0
11	Employee benefit programs				12	0
12 13	Excess exempt expenses (Part VIII)				13	0
14	Excess readership costs (Part IX)				14	0
15	Total deductions. Add lines 1 through 14				15	0
16	Unrelated business income before net operating loss deduction column (C)	n. Sul	otract line 15 from P	art I, line 13,	16	92,048
17	Deduction for net operating loss. See instructions				17	92,048
18	Unrelated business taxable income. Subtract line 17 from lin				18	92,048
5	Cinciated business taxable intollie. Oublight line 17 HOIII line	0 10	<u> </u>	<u> </u>	1.0	52,040

	e A (1 01111 330-1) 2023				Fage Z
Part		thod of inventory valu			
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6 7	Total. Add lines 1 through 5				0
8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope				
-	IV Rent Income (From Real Property and				100 _ 110
1	Description of property (property street address,				
	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%)				
la.	·				
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, column	ns A through D. Enter	here and on Part I,	line 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	D Enter here and o	n Part I line 6 colu	ımn (R)	0
Par	· ·				<u> </u>
1	Description of debt-financed property (street add A	iress, city, state, ZIP	code). Check if a c	iuai-use. See iristruc	HOUS.
	B □				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

	lie A (Form 990-1) 2023				• • • • •			Page 3
Par	t VI Interest, Annuit	ies, Royaltie	es, and Rents	s Fro		•	iction	S)
					Exempt Co	ntrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
	<u>'</u>		1		1			
	7. Taxable income	inco	8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made			10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota Par		ome of a Se		 7) (9		Enter here and on Part I, line 8, column (A). 0 ation (see instructions)	li	er here and on Part I, ine 8, column (B).
T GIT				, (C		4. Set-asides		Tatal dadaatiaaa
	1. Description of income	2. Amol	unt of income		3. Deductions directly connected attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides Id columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota			0		A 1	/ ' ' '		0
Part			ncome, Othe	erin	an Advertising in	come (see instructions	5)	
1	Description of exploited				Fotosban 1 B			
2	Gross unrelated busines						2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part line 10, column (B)							
4						e 2. If a gain, complete	4	
5	Gross income from activ						5	
6	Expenses attributable to	-					6	
7	Excess exempt expense 4. Enter here and on Pa	es. Subtract li					7	

Part	Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting t	wo or more period	icals on a consol	idated basis.	
	A 🗆		•			
	В 🗌					
	C 🔲					
·		:- 4				
nter	amounts for each periodical listed above	in the cc	A	ıп. В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, columr	n (A)		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here an	nd on Pa	rt I, line 11, colum	n (B)		0
4	Advertising gain (loss). Subtract line 3 fr 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 -0- on line 8	a gain, olumn in omplete				
5 6 7	Readership costs	 ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. Enter Part II, line 13	_				
Par	Compensation of Officers, Di	rectors	, and Trustees (see instructions	s)	
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
1)					%	
2)					%	
3)					%	
4)					%	
Tota	I. Enter here and on Part II, line 1 .					0
Pari	XI Supplemental Information (se	e instru	ctions)			
	(0.00)					

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

B Employer identification number

27-4967732

c U	nrelated business activity code (see instructions)		903016	D	Sequence:	17	of	19	
E D	escribe the unrelated trade or business FUND XVII								
Pa	Unrelated Trade or Business Income		(A) Income		(B) Expens	es	(C)	Net	
18									
k		1c		0					
2	Cost of goods sold (Part III, line 8)	2		0					
3	Gross profit. Subtract line 2 from line 1c	3		0					0
48									
	Form 1120)). See instructions	4a		0				-	0
k									
	instructions	4b	4	_				4	7
_(·	4c		0					0
5	Income (loss) from a partnership or an S corporation (attach								
	statement)	5	(665	<i>'</i>				(665	<u>i)</u>
6	Rent income (Part IV)	6		0		0			0
7	Unrelated debt-financed income (Part V)	7		0		0			0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)								
_	• ,	8		0		0			0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)					_			
	,	9		0		0			0
10	Exploited exempt activity income (Part VIII)	10		0		0			0
11	Advertising income (Part IX)	11 12		0		0			0
12	Other income (see instructions; attach statement)			0		0			0
13	Total. Combine lines 3 through 12	13	(618	,	D	0		(618	<i>i)</i>
Pä	Deductions Not Taken Elsewhere. See instruction directly connected with the unrelated business inco		ilmitations on de	eau	ictions. Dec	JUCTIO	ns must	be	
1	Compensation of officers, directors, and trustees (Part X)					1			0
2	Salaries and wages					2			0
3	Repairs and maintenance					3			0
4	Bad debts					4			0
5	Interest (attach statement). See instructions					5			0
6	Taxes and licenses					6			0
7	Depreciation (attach Form 4562). See instructions		7		O				
8	Less depreciation claimed in Part III and elsewhere on return .				0	8b			0
9	Depletion					9			0
10	Contributions to deferred compensation plans					10			0
11	Employee benefit programs					11			0
12	Excess exempt expenses (Part VIII)					12			0
13	Excess readership costs (Part IX)					13			0
14	Other deductions (attach statement)					14			0
15	Total deductions. Add lines 1 through 14					15			0
16	Unrelated business income before net operating loss deductio								
	column (C)					16		(618	<u> </u>
17	Deduction for net operating loss. See instructions					17			0
18	Unrelated business taxable income. Subtract line 17 from lin			•		18		(618	<u></u>
For I	Paperwork Reduction Act Notice, see instructions.	Ca	t. No. 74036O			Schedu	ıle A (Form	1990-T) 202	23

	e A (1 01111 330-1) 2023				Fage Z
Part		thod of inventory valu			
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6 7	Total. Add lines 1 through 5				0
8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope				
-	IV Rent Income (From Real Property and				100 _ 110
1	Description of property (property street address,				
	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%)				
la.	·				
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, column	ns A through D. Enter	here and on Part I,	line 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	D Enter here and o	n Part I line 6 colu	ımn (R)	0
Par	· ·				<u> </u>
1	Description of debt-financed property (street add A	iress, city, state, ZIP	code). Check if a c	iuai-use. See iristruc	HOUS.
	B □				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

	t VI Interest, Annuiti	es, Royaltie	s, and Rents	s Fro	om Controlled Org	ganizations (see instru	iction	s)
	,					entrolled Organizations		•
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
	·							
	7. Taxable income	inco	unrelated me (loss) structions)	9	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10	
(1)								
(2)								
(3)								
(4)								
Tota		· · · ·				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B).
Par	i VII Investment Inco	me of a Sec	ction 501(c)(7), (9), or (17) Organiza	ation (see instructions))	
	1. Description of income	2. Amou	nt of income	1	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota			0					0
Par			ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines		2					
3	Expenses directly connected with production of unrelated business income. Enter here and on Part line 10, column (B)							
4	Net income (loss) from lines 5 through 7					4		
5	Gross income from activ	ity that is not	unrelated bus	iness	income		5	
6	Expenses attributable to						6	
7	Excess exempt expense		ne 5 from line	6, but	t do not enter more	than the amount on line	7	

Schedule A (Form 990-T) 2023 Page **4**

Part	IX Advertising Income						
1	Name(s) of periodical(s). Check box if re	porting t	wo or more periodic	als on a consoli	idated basis.		
	A 🗌						
	В 🗌						
	C						
	D						
Enter	amounts for each periodical listed above	in the co		n. B	С		
2	Gross advertising income		Α	В		D	_
_	-						
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, column	(A)		•	0
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here are	nd on Pa	rt I, line 11, column	(B)		•	0
4	Advertising gain (loss). Subtract line 3 ft 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-	a gain, lumn in					
	lines 5 through 7, and enter -0- on line 8						
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter -0-	5 is less					
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on					
а	Add line 8, columns A through D. Ent	ter the g					
	Part II, line 13					·	0
Par	t X Compensation of Officers, Di	rectors	, and Trustees (Se	ee instructions	1		
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business 	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Tota	II. Enter here and on Part II, line 1						0
	Supplemental Information (se						

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 903017 19 **C** Unrelated business activity code (see instructions) **D** Sequence: of E Describe the unrelated trade or business FUND XVIII Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 0 c Balance 0 1c Cost of goods sold (Part III, line 8) 2 2 0 3 Gross profit. Subtract line 2 from line 1c. 3 0 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4b 0 0 Capital loss deduction for trusts 4c 0 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 (2,220)(2,220)Rent income (Part IV) 6 6 0 0 7 7 Unrelated debt-financed income (Part V) 0 0 0 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 0 9 0 0 10 Exploited exempt activity income (Part VIII) 10 0 0 0 11 Advertising income (Part IX) 11 0 0 0 Other income (see instructions; attach statement) 12 0 0 12 Total. Combine lines 3 through 12 13 13 (2.220)(2,220)Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . . . 0 1 0 2 Salaries and wages 2 3 3 0 4 4 0 Rad debts 5 5 0 Interest (attach statement). See instructions 6 6 0 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return. 0 8b 0 9 0 10 0 Contributions to deferred compensation plans 10 0 11 Employee benefit programs 11 12 0 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 13 0 0 14 14 15 Total deductions. Add lines 1 through 14 15 0 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 16 (2,220)

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Cat. No. 74036O

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

Schedule A (Form 990-T) 2023

0

(2,220)

17

18

17

	e A (1 01111 330-1) 2023				Fage Z
Part		thod of inventory valu			
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6 7	Total. Add lines 1 through 5				0
8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope				
-	IV Rent Income (From Real Property and				100 _ 110
1	Description of property (property street address,				
	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%)				
la.	·				
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, column	ns A through D. Enter	here and on Part I,	line 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	D Enter here and o	n Part I line 6 colu	ımn (R)	0
Par	· ·				<u> </u>
1	Description of debt-financed property (street add A	iress, city, state, ZIP	code). Check if a c	iuai-use. See iristruc	HOUS.
	B □				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

Page **3**

Pa	rt VI Interest, Annuit	ies, Royaltie	s, and Rent	s Fro	m Controlled Org	ganizations (see instru	ıction	s)
					Exempt Co	ontrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)							+	
(2)								
(3)								
(4)								
		1			1			
	7. Taxable income	inco	t unrelated me (loss) nstructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)							1	
(2)							1	
(3)								
(4)								
Tot						Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B).
Pai	rt VII Investment Inco	ome of a Sec	ction 501(c)(7), (9), or (17) Organiza	ation (see instructions))	
	1. Description of income		ınt of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.	Total deductions and set-asides ld columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
_		Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tot			0				<u> </u>	0
	•	·	ncome, Othe	r Th	an Advertising In	come (see instructions	3)	I
1	Description of exploited				<u> </u>			
2						Part I, line 10, column (A)	2	
3	Expenses directly connline 10, column (B)					Enter here and on Part I,	3	
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4	
5	Gross income from acti						5	
6	Expenses attributable to	•					6	
7	Excess exempt expens		ne 5 from line	6, but	t do not enter more	than the amount on line	7	

Schedule A (Form 990-T) 2023 Page **4**

Part	IX Advertising Income						
1	Name(s) of periodical(s). Check box if re	porting t	wo or more periodic	als on a consoli	idated basis.		
	A 🗌						
	В 🗌						
	C						
	D						
Enter	amounts for each periodical listed above	in the co		n. B	С		
2	Gross advertising income		Α	В		D	_
_	-						
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, column	(A)		•	0
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here are	nd on Pa	rt I, line 11, column	(B)		•	0
4	Advertising gain (loss). Subtract line 3 ft 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-	a gain, lumn in					
	lines 5 through 7, and enter -0- on line 8						
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter -0-	5 is less					
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on					
а	Add line 8, columns A through D. Ent	ter the g					
	Part II, line 13					·	0
Par	t X Compensation of Officers, Di	rectors	, and Trustees (Se	ee instructions	1		
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business 	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Tota	II. Enter here and on Part II, line 1						0
	Supplemental Information (se						

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH INSTITUTE** 27-4967732 903018 19 19 **C** Unrelated business activity code (see instructions) **D** Sequence: of E Describe the unrelated trade or business FUND XVIX Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 0 c Balance 0 1c Cost of goods sold (Part III, line 8) 2 2 0 3 Gross profit. Subtract line 2 from line 1c. 3 0 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4b 0 0 Capital loss deduction for trusts 0 4c 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 (8,886)(8,886)Rent income (Part IV) 6 6 0 0 7 7 Unrelated debt-financed income (Part V) 0 0 0 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 0 9 0 0 10 Exploited exempt activity income (Part VIII) 10 0 0 0 11 Advertising income (Part IX) 11 0 0 0 Other income (see instructions; attach statement) 12 0 0 12 Total. Combine lines 3 through 12 13 13 (8.886)(8,886)Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . 0 1 0 2 Salaries and wages 2 3 3 0 4 4 0 Rad debts 5 5 0 Interest (attach statement). See instructions 6 6 0 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return. 0 8b 0 9 0 10 0 Contributions to deferred compensation plans . . . 10 0 11 Employee benefit programs 11 12 0 12 Excess exempt expenses (Part VIII) 13 Excess readership costs (Part IX) 13 0 0 14 14 15 Total deductions. Add lines 1 through 14 15 0 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 (8,886) 16

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

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

Schedule A (Form 990-T) 2023

0

(8,886)

17

18

17

Schedule A (Form 990-T) 2023 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		· · ·		
1	Inventory at beginning of year			1	0		
2	Purchases						
3	Cost of labor						
4	Additional section 263A costs (attach statement)			4	0		
5	Other costs (attach statement)			5	0		
6	Total. Add lines 1 through 5			6	0		
7	Inventory at end of year				0		
8	Cost of goods sold. Subtract line 7 from line 6.						
9	Do the rules of section 263A (with respect to prop						
	N Rent Income (From Real Property an						
1	Description of property (property street address,	city, state, ZIP code). Check if a dual-u	se. See instructio	ns.		
	<u>A</u> <u> </u>						
	B						
	C □						
	D 📙	Α	В	С	D		
2	Rent received or accrued	A	В				
a	From personal property (if the percentage of						
u	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, colum	nc A through D. Entor	horo and an Part I	ing 6 column (A)	0		
3	·	ins A through D. Enter	Tiere and on Fart i, i	ine o, column (A)			
4	Deductions directly connected with the income						
	in lines 2a and 2b (attach statement)						
5	Total deductions. Add line 4, columns A through	h D. Enter here and o	on Part I, line 6, colu	ımn (B)	0		
Dar	V Unrelated Debt-Financed Income (se						
1	Description of debt-financed property (street add		code) Check if a d	lual-use See inst	ructions		
•	A	•	,	1441 450. 500 11101	radiono.		
	B						
	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						
a	Straight line depreciation (attach statement) .						
b	Other deductions (attach statement) Total deductions (add lines 3a and 3b,						
С	columns A through D)						
1	Amount of average acquisition debt on or allocable						
4	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
J	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 an	d on Part I, line 7, o	column (A)	0		
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0		
11	Total dividends — received deductions include	_			0		

	rt VI Interest, Annuit	tion Povoltio	o and Dante	- Ero	m Controlled Ore	ranizationa (aga inatru	otion	Page 3
Pai	interest, Annuit	lies, Royallie	s, and Rent 	s Fro		ganizations (see instruentrolled Organizations	CLIOI	is)
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with acome in column 5
(1)								
(2)								
(3)								
(4)								
	7. Taxable income	inco	unrelated me (loss) structions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota	als					Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Ente I	d columns 6 and 11. er here and on Part I, ine 8, column (B).
Par	t VII Investment Inc	ome of a Sec	ction 501(c)(7), (9), or (17) Organiza	ation (see instructions)		
	1. Description of income		nt of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.	Total deductions and set-asides dd columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
Tota	als	Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
_		not Activity l	Ocome Othe	r Th	an Advertising In	l come (see instructions	5)	0
1	Description of exploited		icomo, ouie	,, III	an Advertising in	Come (See manachons	·)	
2			n trade or busi	ness	Enter here and on P	art I, line 10, column (A)	2	
3	Expenses directly conn	ected with pro	duction of unre	elated	d business income. E	Enter here and on Part I,	3	
4		unrelated trac	de or business	. Sub	otract line 3 from line	e 2. If a gain, complete		
_	lines 5 through 7						4	
5	Gross income from act	-					5	
6	Expenses attributable t					than the amount on line	6	
7	4. Enter here and on Pa						7	

Schedule A (Form 990-T) 2023 Page **4**

Part	X Advertising Income				
1	Name(s) of periodical(s). Check box if rep	orting two or more periodic	cals on a consolidat	ed basis.	
	A 🗌				
	В 🗌				
	<u> </u>				
	D	. 41 11 11 11 11 11 11			
nter	amounts for each periodical listed above in	the corresponding columi	ո. B	С	D
2	Gross advertising income	A	В		
	•		(4)	1	
a	Add columns A through D. Enter here and				0
3	Direct advertising costs by periodical . Add columns A through D. Enter here and	L	(D)		
а	Add coldinins A through D. Enter here and	John Part I, line 11, column	(D)		0
4	Advertising gain (loss). Subtract line 3 fro 2. For any column in line 4 showing a complete lines 5 through 8. For any column 4 showing a loss or zero, do not cor lines 5 through 7, and enter -0- on line 8	gain, umn in mplete			
5	Readership costs				
6 7	Circulation income	s than is less			
8	Excess readership costs allowed deduction. For each column showing a g line 4, enter the lesser of line 4 or line 7.	ain on			
а	Add line 8, columns A through D. Ente Part II, line 13				
Par	X Compensation of Officers, Dire	ectors, and Trustees (s	ee instructions)		
	1. Name	2. Title		3. Percentage If time devoted to business	 Compensation attributable to unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	II. Enter here and on Part II, line 1				0
	Supplemental Information (see				<u> </u>

Form 990T	Additional Information
Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	HENRICH HEUER, 4201 WILSON BLVD. SUITE 0800, ARLINGTON, VA 22203

Form 990T Part I, Line 4

Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2018	827,641		33,277		794,364	
2019	1,148,668				1,148,668	
2020	47,477,946				47,477,946	
2021	47,268,613				47,268,613	
2022	822,823				822,823	
2023	554,623				554,623	
Totals	98,100,314	0	33,277	0	98,067,037	

Form 990T Part IV, Line 5

Post 2017 NOL Carryover

Business Activity Code	Available post-2017 NOL carryover
903003	0
903004	0
903005	69,059
903006	0
903007	56,545
903008	0
903009	0
903010	0
903011	62,278
903012	283,073
903013	0
903014	0
903015	0
903016	0
903017	0
903018	0

Name of Partnership		Share of gross income	Share of deductions	Gain or loss
FUND I				
(1) ORDINARY INCOME - INVESTMENT K-1		962,983		962,983
	Total	962,983	0	962,983
FUND II			1	
(1) ORDINARY INCOME - INVESTMENT K-1		(76,600)		(76,600)
	Total	(76,600)	0	(76,600)
FUND III				
(1) ORDINARY INCOME - INVESTMENT K-1		257		257
	Total	257	0	257
FUND IV				
(1) ORDINARY INCOME - INVESTMENT K-1		4,222	_	4,222
	Total	4,222	0	4,222
FUND V		200		
(1) ORDINARY INCOME - INVESTMENT K-1	T-4-1	203		203
EUND VIII	Total	203	0	203
FUND VII (1) ORDINARY INCOME - INVESTMENT K-1		2,640		2,640
(1) ORDINART INCOME - INVESTMENT R-1	Total	2,640	0	2,640
FUND IX	IOtai	2,040	•	2,040
(1) ORDINARY INCOME - INVESTMENT K-1		4,807		4,807
(I) STEPH VICT INCOME INVESTMENT IN	Total	4,807	0	4,807
FUND X		.,,	<u> </u>	.,
(1) ORDINARY INCOME - INVESTMENT K-1		(3,061)		(3,061)
	Total	(3,061)	0	(3,061)
FUND XI	•	, , , , ,		, ,
(1) ORDINARY INCOME - INVESTMENT K-1		(18,373)		(18,373)
	Total	(18,373)	0	(18,373)
FUND XII				
(1) ORDINARY INCOME - INVESTMENT K-1		(20,306)		(20,306)
	Total	(20,306)	0	(20,306)
FUND XIII				
(1) ORDINARY INCOME - INVESTMENT K-1		(16,718)		(16,718)
	Total	(16,718)	0	(16,718)
FUND XVI				
(1) ORDINARY INCOME - INVESTMENT K-1		81,367	_	81,367
ELIND YOU	Total	81,367	0	81,367
FUND XVII		(005)		(005)
(1) ORDINARY INCOME - INVESTMENT K-1	T-1-1	(665)		(665)
FUND YVIII	Total	(665)	0	(665)
FUND XVIII (1) ORDINARY INCOME - INVESTMENT K-1		(2,220)		(2.220)
(I) OKDINAKT INCOME - INVESTMENT K-1	Total	(2,220)	0	(2,220)
FUND XVIX	i Ulai	(2,220)	<u> </u>	(2,220)
(1) ORDINARY INCOME - INVESTMENT K-1		(8,886)		(8,886)
(1) CADITATA I INCOME - INVESTIMENT IX-1	Total	(8,886)	0	(8,886)

Schedule A - Part II, Line 6	Taxes and Licenses

Description	Amount
FUND I	
(1) STATE TAX EXPENSE	23,732

Schedule A - Part II, Line 14	Other Deductions

Description		Amount	
FUND I			
(1) ACCOUNTING FEES		15,650	

Schedule A - Part II, Line 17

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
FUND I					
2018	58,357		58,357		0
2020	215,815		215,815		0
2022	1,679,244			914,839	764,405
Totals	1,953,416	0	274,172	914,839	764,405
FUND II					
2020	697,958				697,958
2021	504,535				504,535
Totals	1,202,493	0	0	0	1,202,493
FUND III					
2020	103,334		65,178	205	37,951
Totals	103,334	0	65,178	205	37,951
FUND VI					
2020	6,887				6,887
2021	62,172				62,172
Totals	69,059	0	0	0	69,059
FUND VIII					
2020	18,480				18,480
2021	38,065				38,065
Totals	56,545	0	0	0	56,545
FUND XII					
2020	1,648				1,648
2021	16,054				16,054
2022	44,576				44,576
Totals	62,278	0	0	0	62,278
FUND XIII					
2020	3,206				3,206
2021	134,101				134,101
2022	145,766				145,766
Totals	283,073	0	0	0	283,073

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0123

2023

Employer identification number CHARLES KOCH INSTITUTE 27-4967732 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked 0 2 Totals for all transactions reported on Form(s) 8949 0 with **Box B** checked 3 Totals for all transactions reported on Form(s) 8949 0 9,381 with Box C checked 0 0 Short-term capital gain from installment sales from Form 6252, line 26 or 37. 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 **6** Unused capital loss carryover (attach computation) 6 0) 7 9,381 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses—Assets Held More Than One Year See instructions for how to figure the amounts to enter on the (g) Adjustments to gain (h) Gain or (loss) (d) lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 0 with **Box D** checked 9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked 0 10 Totals for all transactions reported on Form(s) 8949 0 7.874 with **Box F** checked 0 0 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 **14** Capital gain distributions (see instructions) 14 7,874 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Summary of Parts I and II Part III 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 9.381 7,874 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . 18 17,255 **Note:** If losses exceed gains, see Capital Losses in the instructions.

Form **8949**

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

CHARLES KOCH INSTITUTE

Social security number or taxpayer identification number

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

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

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

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

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

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

<u>v</u> (c	onon-term transactions	not reported	i to you on F	UIII 1099-D				
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below			(h) Gain or (loss) Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
FUND I -	ST						0	9,381
negat Sched	s. Add the amounts in columns ive amounts). Enter each tota dule D, line 1b (if Box A above e is checked), or line 3 (if Box C	al here and incl is checked), lin	ude on your le 2 (if Box B	0	0		0	9,381

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

Form 8949 (2023) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side CHARLES KOCH INSTITUTE

Social security number or taxpayer identification number 27-4967732

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

Part II

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

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

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

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

☑ (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of p	(b) roperty Date acquir	(c) Date sold or	(d) Proceeds	Cost or other basis See the Note below and see <i>Column</i> (e)	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions. (h) Gain or (loss) Subtract column (e)	
(Example: 100 sh.	XYZ Co.) (Mo., day, y		(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
FUND I - ST						0	7,874
							.,,,,,
Schedule D, line 8b (if E	s in columns (d), (e), (g), er each total here and Box D above is checked) e 10 (if Box F above is cl	include on your line 9 (if Box E	0	0		0	7,874

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

Form **8949** (2023)