#### **Charles Koch Foundation**

Return of Private Foundation

December 31, 2021

Public Disclosure Copy

FORV/S

### Form **990-PF**

#### **Return of Private Foundation**

EXTENSION GRANTED

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

| F          | or ca                           | lendar year 2021 or tax year beginning   |                                | and endi          | ng               |   |                                     |
|------------|---------------------------------|--|--------------------------------|-------------------|------------------|---|-------------------------------------|
| Na         | ame of                          | foundation   |                                |                   | Α                | Employer identific                        | ation number                        |
|            | CHA                             | RLES KOCH FOUNDATION   |                                |                   |                  | 48-0                                      | 918408                              |
| Νι         | umber                           | and street (or P.O. box number if mail is not delivered to   | street address) Room/suite     |                   |                  | Telephone numbe                           | r (see instructions)                |
|            |                                 |  |                                |                   |                  |   |                                     |
|            | 132                             | 0 N COURTHOUSE RD SUITE 400  |                                |                   |                  | (571                                      | .)290-6811                          |
| Ci         | ty or to                        | own, state or province, country, and ZIP or foreign posta  | l code                         |                   |                  |   |                                     |
|            |                                 |  |                                |                   | C                | If exemption applicat pending, check here | ion is                              |
|            | ARL                             | INGTON, VA 22201   |                                |                   |                  |   |                                     |
| G          | Che                             | ck all that apply: Initial return  | Initial return of a f          | ormer public char | ity <sub>D</sub> | 1. Foreign organization                   | ons, check here                     |
|            |                                 | Final return   | Amended return                 |                   |                  | 2. Foreign organizati                     |                                     |
|            |                                 | Address change   | Name change                    |                   |                  | 85% test, check he computation            |                                     |
| H          | Che                             | eck type of organization: $X$ Section 501(   | c)(3) exempt private found     | ation             | E                | If private foundation                     | status was terminated —             |
| $\perp$    | s                               | section 4947(a)(1) nonexempt charitable trust  | Other taxable private          |                   |                  | under section 507(b)                      | <b>.</b> .                          |
| I          | Fair                            |  | unting method: Cash            | X Accrual         | F                | If the foundation is i                    | n a 60-month termination            |
|            |                                 |  | ther (specify)                 |                   |                  | under section 507(b)(                     | 1)(B), check here                   |
|            |                                 |  | column (d), must be on cash ba | asis.)            |                  |   |                                     |
| L          | art                             | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)                          | (a) Revenue and                | Net investment    | (c) /            | Adjusted net                              | (d) Disbursements<br>for charitable |
|            |                                 | may not necessarily equal the amounts in   | expenses per<br>books          | income            | (0)              | income                                    | purposes                            |
| _          |                                 | column (a) (see instructions).)  |                                |                   |                  |   | (cash basis only)                   |
|            | 1                               | Contributions, gifts, grants, etc., received (attach schedule) .  Check if the foundation is not required to | 52,318,418.                    |                   |                  |   |                                     |
|            | 2                               | Check Little foundation is not required to attach Sch. B.  | 12.000.00                      |                   |                  |   |                                     |
|            | 3                               | Interest on savings and temporary cash investments.  |                                | 15,072,765.       |                  |   |                                     |
|            | 4                               | Dividends and interest from securities   | NONE                           | 14,682,280.       |                  |   |                                     |
|            |                                 | Gross rents  | $\sim$                         |                   |                  |   |                                     |
| 4          |                                 | Net rental income or (loss)  | MONTE                          |                   |                  |   |                                     |
| Ĭ          | 6a<br>b                         | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all                              | NONE                           |                   |                  |   |                                     |
| Revenue    |                                 | assets on line 6a 60,988,304.  |                                | 60,988,304.       |                  |   |                                     |
| æ          | 7                               | Capital gain net income (from Part IV, line 2)   |                                | 00,966,304.       |                  |   |                                     |
|            | 8                               | Net short-term capital gain Income modifications   |                                |                   |                  |   |                                     |
|            | 9<br>10 a                       | Gross sales less returns   |                                | )                 |                  |   |                                     |
|            | h                               | and allowances Less: Cost of goods sold  |                                |                   |                  |   |                                     |
|            |                                 | Gross profit or (loss) (attach schedule)   |                                |                   |                  |   |                                     |
|            | 11                              | Other income (attach schedule)   | 1,330,373.                     | 25,445,808.       |                  |   | STMT 1                              |
|            | 12                              | Total. Add lines 1 through 11  |                                | 16,189,157.       |                  |   |                                     |
| _          | 13                              | Compensation of officers, directors, trustees, etc.  | 579,873.                       |                   |                  |   | 579,873                             |
| es         | 14                              | Other employee salaries and wages  | 4,264,947.                     |                   |                  |   | 4,286,234                           |
| šuš        | 15                              | Pension plans, employee benefits   | 276,317.                       |                   |                  |   | 153,140                             |
| Expens     | 16a                             | Legal fees (attach schedule) STMT 2  | 394.                           | NONE              |                  | NONE                                      | 394                                 |
| ШÌ         | b                               | Accounting fees (attach schedule)STMT 3  | 76,576.                        | 6,892.            |                  | NONE                                      | 91,297                              |
| <u>≅</u> . | С                               | Other professional fees (attach schedule) . * .  | 359,184.                       | 114,556.          |                  |   | 425,250                             |
| ra         | 17                              | Interest STMT 5  | NONE                           | 8,493,813.        |                  |   |                                     |
| isi        | 18                              | Taxes (attach schedule) (see instructions). **   | 3,741,805.                     | 167,378.          |                  |   | 395,739                             |
| Ξ          | 19                              | Depreciation (attach schedule) and depletion ${\color{blue}\centerdot}$                                      |                                | NONE              |                  |   |                                     |
| β          | 20                              | Occupancy  |                                |                   |                  |   |                                     |
| ۶          | c<br>17<br>18<br>19<br>20<br>21 | Travel, conferences, and meetings  | 354,407.                       |                   |                  |   | 339,815                             |
| ā          | 22                              | Printing and publications  | 3,292.                         | 00 100 ===        |                  |   | 3,292                               |
| ing        | 23                              | Other expenses (attach schedule) STMT 7  | 111,703.                       | 22,182,772.       |                  |   | 112,690                             |
| rat        | 23<br>24<br>25                  | Total operating and administrative expenses.   | 0 860 400                      | 20 065 444        |                  |   | 6 205 52:                           |
| be         |                                 | Add lines 13 through 23  |                                | 30,965,411.       |                  | NONE                                      | 6,387,724                           |
| 0          |                                 | Contributions, gifts, grants paid  | 93,802,357.                    | 20.065.411        |                  | 37037=                                    | 92,988,357                          |
| _          | 26                              | Total expenses and disbursements. Add lines 24 and 25  | 103,570,855.                   | 30,965,411.       |                  | NONE                                      | 99,376,081                          |
|            | 27                              | Subtract line 26 from line 12:   | 24 040 000                     |                   |                  |   |                                     |
|            |                                 | Excess of revenue over expenses and disbursements  | -34,849,299.                   | 0E 222 746        |                  |   |                                     |
|            |                                 | Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)                 |                                | 85,223,746.       |                  | -0-                                       |                                     |
|            |                                 | AUTURICU HEL HIGOIDE HI HEURING, CHICH -U-1  |                                |                   |                  | -()-                                      |                                     |

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| art l          | Balance Sheets Attached schedules and amounts in the  | Beginning of year            | End o           | f year                |
|----------------|---|------------------------------|-----------------|-----------------------|
|                | description column should be for end-of-year amounts only. (See instructions.)              | (a) Book Value               | (b) Book Value  | (c) Fair Market Value |
| 1              | Cash - non-interest-bearing   | 58,437.                      | 48,605.         | 48,605                |
| 2              | Savings and temporary cash investments  | 86,050,333.                  | 91,610,651.     | 91,610,651            |
| 3              | Accounts receivable ► 492.  |                              |                 |                       |
|                | Less: allowance for doubtful accounts ▶   | 77,022.                      | 492.            | 492                   |
| 4              | Pledges receivable ▶  |                              |                 |                       |
|                | Less: allowance for doubtful accounts ▶   |                              |                 |                       |
| 5              | Grants receivable   |                              |                 |                       |
| 6              | Receivables due from officers, directors, trustees, and other                               |                              |                 |                       |
|                | disqualified persons (attach schedule) (see instructions)                                   |                              |                 |                       |
| 7              | Other notes and loans receivable (attach schedule)  |                              |                 |                       |
|                | Less: allowance for doubtful accounts ▶   |                              |                 |                       |
| 8<br>9         | Inventories for sale or use   |                              |                 |                       |
| 9              | Prepaid expenses and deferred charges STMT 8  | 552,306.                     | 2,957,256.      | 2,957,256             |
| 10a            | Investments - U.S. and state government obligations (attach schedule)                       |                              |                 |                       |
| 1              | Investments - corporate stock (attach schedule)   |                              |                 |                       |
| 11 C           | Investments - corporate bonds (attach schedule)   |                              |                 |                       |
| 11             | Investments - land, buildings, and equipment: basis   |                              |                 |                       |
|                | Less: accumulated depreciation (attach schedule)  | 355,213.                     | 1,450,000.      | 1,450,000             |
| 12             | Investments - mortgage loans  |                              |                 |                       |
| 13<br>14       | Investments - other (attach schedule) STMT 9 Land, buildings, and                           | 374,996,813.                 | 717,686,216.    | 717,686,216           |
| 14             |   |                              |                 |                       |
|                | equipment: basis Less: accumulated depreciation (attach schedule)                           |                              |                 |                       |
| 15             | Other assets (describe >)   |                              | _               |                       |
| 16             | Total assets (to be completed by all filers - see the                                       | 1500000 104                  | 010 550 000     | 010 050 000           |
|                | instructions. Also, see page 1, item I)   | 462,090,124.                 |                 | 813,753,220           |
| 17             | Accounts payable and accrued expenses   | 1,426,696.                   | 1,486,037.      |                       |
| 18             | Grants payable  | 4,686,000.                   | 5,500,000.      |                       |
| 19             | Deferred revenue  |                              |                 |                       |
| 20             | Loans from officers, directors, trustees, and other disqualified persons.                   |                              |                 |                       |
| 19<br>20<br>21 | Mortgages and other notes payable (attach schedule)   |                              |                 |                       |
| 22             | Other liabilities (describe ▶)  |                              |                 |                       |
| 23             | Total liabilities (add lines 17 through 22)   | 6,112,696.                   | 6 006 027       |                       |
|                |   | 0,112,090.                   | 6,986,037.      |                       |
|                | Foundations that follow FASB ASC 958, check here X and complete lines 24, 25, 29, and 30.   |                              |                 |                       |
|                |   | 455,977,428.                 | 806,767,183.    |                       |
| 24             | Net assets without donor restrictions   | 133,777,120.                 | 000,707,103.    |                       |
| 24<br>25       | Net assets with donor restrictions  Foundations that do not follow FASB ASC 958, check here |                              |                 |                       |
|                | and complete lines 26 through 30.   |                              |                 |                       |
| 26             | Capital stock, trust principal, or current funds  |                              |                 |                       |
|                | Paid-in or capital surplus, or land, bldg., and equipment fund                              |                              |                 |                       |
| 27<br>28<br>29 | Retained earnings, accumulated income, endowment, or other funds                            |                              |                 |                       |
| 29             | Total net assets or fund balances (see instructions)  | 455,977,428.                 | 806,767,183.    |                       |
|                | Total liabilities and net assets/fund balances (see   | 133777771201                 | 000770771031    |                       |
| 30             | instructions)   | 462,090,124.                 | 813,753,220.    |                       |
| art            | Analysis of Changes in Net Assets or Fund Bala  |                              | , ,             |                       |
|                | al net assets or fund balances at beginning of year - Part                                  |                              | nust agree with |                       |
|                | d-of-year figure reported on prior year's return).  |                              |                 | 455,977,428           |
|                | ter amount from Part I, line 27a  |                              |                 | -34,849,299           |
|                | ner increases not included in line 2 (itemize) ► SEE STAT                                   |                              | 3               | 385,639,054           |
|                | d lines 1, 2, and 3   |                              |                 | 806,767,183           |
|                | creases not included in line 2 (itemize) ▶  |                              | 5               | ,,203                 |
|                | al net assets or fund balances at end of year (line 4 minus                                 | line 5) - Part II, column (h |                 | 806,767,183           |

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| Form     | 990-PF (2021)   |  |  |                  |   | Page <b>3</b>    |  |
|----------|---|--|--|------------------|---|------------------|--|
| Pai      | t IV Capital Gains  | and Losses for Tax on Inv                  | estment Income   |                  |   |                  |  |
|          |   | scribe the kind(s) of property sold (for e |  | (b) How acquired | (a) Data acquired                       | (d) Date sold    |  |
|          | 2-story b   | P - Purchase<br>D - Donation               |  | (mo., day, yr.)  |   |                  |  |
| 1 a      | •   |  | · · · · · · · · · · · · · · · · · · ·                    | D - Donation     |   |                  |  |
|          |   |  |  |                  |   |                  |  |
| <u>b</u> |   |  |  |                  |   |                  |  |
| <u>c</u> |   |  |  |                  |   |                  |  |
| <u>d</u> |   |  |  |                  |   |                  |  |
| <u> </u> |   |  | (n) Coot on the nine of                                  |                  |   |                  |  |
|          | (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale   |  |  |                  | (h) Gain or (lo<br>((e) plus (f) minu   |                  |  |
|          |   | (or anowabic)                              | plas expense of sale                                     |                  | ((c) plus (i) illino                    | 13 (9))          |  |
| a        |   |  |  |                  |   |                  |  |
| <u> </u> |   |  |  |                  |   |                  |  |
| <u>C</u> |   |  |  |                  |   |                  |  |
| d        |   |  |  |                  |   |                  |  |
| е        |   |  |  |                  |   |                  |  |
|          | Complete only for assets s  | showing gain in column (h) and owned       | by the foundation on 12/31/69.                           |                  | Gains (Col. (h) ga                      |                  |  |
|          | (i) FMV as of 12/31/69  | (j) Adjusted basis                         | (k) Excess of col. (i)                                   | col.             | (k), but not less to<br>Losses (from co |                  |  |
|          | ()  | as of 12/31/69                             | over col. (j), if any                                    |                  | Losses (ITOITI CO                       | i. (II <i>))</i> |  |
| a        |   |  |  |                  |   |                  |  |
| b        |   |  |  |                  |   |                  |  |
| c        |   |  |  |                  |   |                  |  |
| d        |   |  |  |                  |   |                  |  |
| е        |   |  |  |                  |   |                  |  |
| _        | O 14 - 1 1 4 - 1  | ( If g                                     | ain, also enter in Part I, line 7                        |                  |   |                  |  |
| 2        | Capital gain net income   | for (net capital loss)                     | oss), enter -0- in Part I, line 7                        | 2                |   |                  |  |
| 3        | Net short-term capital g  | gain or (loss) as defined in sections      | 3 1222(5) and (6):                                       |                  |   | _                |  |
|          | If gain, also enter in P  | Part I, line 8, column (c). See ins        | structions. If (loss), enter -0- in $igrlack{1}{igrlie}$ |                  |   |                  |  |
|          | Part I, line 8  |  |  | 3                |   |                  |  |
| Par      |   | sed on Investment Income (S                | ection 4940(a), 4940(b), or 49                           | 48 - see         | instructions)                           |                  |  |
| 1a       | Exempt operating foundation   | ons described in section 4940(d)(2), ch    | neck here ▶ and enter "N/A" on lin                       | e 1. )           |   |                  |  |
|          |   | . , , ,                                    | h copy of letter if necessary - see instruction          |                  | 1 1                                     | ,184,610.        |  |
| b        |   |  | ne 27b. Exempt foreign organization                      | /                |   |                  |  |
| -        |   | ` ,  |  |                  |   |                  |  |
| 2        |   |  | d taxable foundations only; others, en                   |                  | 2                                       |                  |  |
| 3        | ,   |  | •                  |                  |   | ,184,610.        |  |
| 4        |   |  | d taxable foundations only; others, en                   | er -0-)          | 4                                       | NONE             |  |
| 5        |   | income. Subtract line 4 from line 3 If z   |  |                  |   | ,184,610.        |  |
| 6        |   | income. Subtract line 4 from line 3. If 2  | ero or less, eriter -o-                                  |                  |   | 71017010.        |  |
|          | Credits/Payments:   |  |  |                  |   |                  |  |
|          | a 2021 estimated tax payments and 2020 overpayment credited to 2021 6a 3,000,000. b Exempt foreign organizations - tax withheld at source |  |  |                  |   |                  |  |
| b        |   |  |  |                  |   |                  |  |
| C        |   | or extension of time to file (Form 8868)   |  | , 500.           |   |                  |  |
| d<br>–   |   | eously withheld                            | · · · · · · · · · · · · · · · · · · ·                    |                  | 7 4                                     | 000 000          |  |
| 7        |   | _  |  |                  |   | ,000,000.        |  |
| 8        |   | rpayment of estimated tax. Check here      |  | · · · · :        | 8                                       |                  |  |
| 9        |   | s 5 and 8 is more than line 7, enter amo   |  | ···►             | 9                                       | 015 200          |  |
| 10       |   |  | er the amount overpaid                                   |                  |   | ,815,390.        |  |
| 11       | Enter the amount of line 10   | to be: Credited to 2022 estimated ta       | x ► 815,390. <b>Refu</b> r                               | nded -           | <b>11</b> 2                             | <u>,000,000.</u> |  |

| Par | t VI-A Statements Regarding Activities  |      |     |    |
|-----|---|------|-----|----|
|     |   |      | Yes | No |
| ıa  | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it  | 1a   |     | Х  |
| h   | participate or intervene in any political campaign?  Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | - iu |     | 21 |
| b   | instructions for the definition   | 1b   |     | Х  |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials   | 1.0  |     |    |
|     | published or distributed by the foundation in connection with the activities.   |      |     |    |
| •   | Did the foundation file Form 1120-POL for this year?  | 1c   |     | Х  |
|     | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  |      |     |    |
| u   | (1) On the foundation. ► \$ NONE (2) On foundation managers. ► \$ NONE  |      |     |    |
| ۵   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed   |      |     |    |
| C   | on foundation managers.   \$  NONE  |      |     |    |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?   | 2    |     | Х  |
| -   | If "Yes," attach a detailed description of the activities.  |      |     |    |
| 3   | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles  |      |     |    |
| Ū   | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   | 3    |     | Х  |
| 4a  | Did the foundation have unrelated business gross income of \$1,000 or more during the year?   | 4a   | Х   |    |
|     | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?   | 4b   | Х   |    |
| 5   | Was there a liquidation, termination, dissolution, or substantial contraction during the year?  | 5    |     | Х  |
| Ĭ   | If "Yes," attach the statement required by <i>General Instruction T</i> .   |      |     |    |
| 6   | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:   |      |     |    |
|     | By language in the governing instrument, or   |      |     |    |
|     | By state legislation that effectively amends the governing instrument so that no mandatory directions that  |      |     |    |
|     | conflict with the state law remain in the governing instrument?   | 6    | Х   |    |
| 7   | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV                                | 7    | Х   |    |
| 8a  | Enter the states to which the foundation reports or with which it is registered. See instructions.  |      |     |    |
|     | DC, KS, VA,   |      |     |    |
| b   | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General  |      |     |    |
|     | (or designate) of each state as required by General Instruction G? If "No," attach explanation  | 8b   | Х   |    |
| 9   | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or   |      |     |    |
|     | 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes,"  |      |     |    |
|     | complete Part XIII  | 9    |     | X  |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their  |      |     |    |
|     | names and addresses   | 10   |     | X  |
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the   |      |     |    |
|     | meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions  | 11   | X   |    |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified  |      |     |    |
|     | person had advisory privileges? If "Yes," attach statement. See instructions.   | 12   |     | X  |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 13   | X   |    |
|     | Website address WWW.CHARLESKOCHFOUNDATION.ORG   |      |     |    |
| 14  | The books are in care of ▶ KARA HARTNETT Telephone no. ▶ 571-290  | )-68 | 11  |    |
|     | Located at ► 1320 N COURTHOUSE RD, STE 300 ARLINGTON, VA ZIP+4 ► 22201  |      |     |    |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here   |      | ▶   |    |
|     | and enter the amount of tax-exempt interest received or accrued during the year   |      | T   |    |
| 16  | At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority   |      | Yes | No |
|     | over a bank, securities, or other financial account in a foreign country?   | 16   |     | X  |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of  |      |     |    |
|     | the foreign country ▶   |      |     |    |

Form **990-PF** (2021)

16733Н К932

| Par | t VI-B Statements Regarding Activities for Which Form 4720 May Be Required   |       |     |    |
|-----|--|-------|-----|----|
|     | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.                            |       | Yes | No |
| 1a  | During the year, did the foundation (either directly or indirectly):   |       |     |    |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?                             | 1a(1) | Х   |    |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified             |       |     |    |
|     | person?  | 1a(2) |     | X  |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                         | 1a(3) | Х   |    |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                               | 1a(4) | Х   |    |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or     |       |     |    |
|     | use of a disqualified person)?   | 1a(5) |     | X  |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation              |       |     |    |
|     | agreed to make a grant to or to employ the official for a period after termination of government service, if       |       |     |    |
|     | terminating within 90 days.)   | 1a(6) |     | X  |
| b   | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in         |       |     |    |
|     | Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions            | 1b    |     | X  |
| С   | Organizations relying on a current notice regarding disaster assistance, check here                                |       |     |    |
| d   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that       |       |     |    |
|     | were not corrected before the first day of the tax year beginning in 2021?   | 1d    |     | X  |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private        |       |     |    |
|     | operating foundation defined in section 4942(j)(3) or 4942(j)(5)):   |       |     |    |
| а   | At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for      |       |     |    |
|     | tax year(s) beginning before 2021?   | 2a    |     | X  |
|     | If "Yes," list the years  ,,,  |       |     |    |
| b   | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)     |       |     |    |
|     | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to |       |     |    |
|     | all years listed, answer "No" and attach statement - see instructions.)  | 2b    |     |    |
| С   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.   |       |     |    |
|     | <b>&gt;</b>  |       |     |    |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time          |       |     |    |
|     | during the year?   | 3a    |     | X  |
| b   | If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or        |       |     |    |
|     | disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the      |       |     |    |
|     | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of     |       |     |    |
|     | the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the               |       |     |    |
|     | foundation had excess business holdings in 2021.)  | 3b    |     |    |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?    | 4a    |     | X  |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its     |       |     |    |
|     | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? | 4b    |     | X  |

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| Pai      | t VI-B Statements Regarding Activities  | for Which Form 4                      | 720 May Be Requ                     | uired (continued)  |            |                   |                                  |
|----------|---|---------------------------------------|-------------------------------------|--|------------|-------------------|----------------------------------|
| 5a       | During the year, did the foundation pay or incur any am   | ount to:                              |                                     |  |            | Yes               | No                               |
|          | (1) Carry on propaganda, or otherwise attempt to influ  | ence legislation (section             | n 4945(e))?                         |  | 5a(1)      |                   | X                                |
|          | (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or                       |                                       |                                     |  |            |                   |                                  |
|          | indirectly, any voter registration drive?   |                                       |                                     |  | 5a(2)      |                   | X                                |
|          | (3) Provide a grant to an individual for travel, study, or  |                                       |                                     |  | 5a(3)      | Х                 |                                  |
|          | (4) Provide a grant to an organization other than   | a charitable, etc.,                   | organization describe               | ed in section 4945(d)  |            |                   |                                  |
|          | (4)(A)? See instructions  |                                       |                                     |  | 5a(4)      | Х                 |                                  |
|          | (5) Provide for any purpose other than religious,   |                                       |                                     |  |            |                   |                                  |
|          | the prevention of cruelty to children or animals?   |                                       |                                     |  | 5a(5)      |                   | X                                |
| b        | <b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described |                                       |                                     |  |            |                   |                                  |
|          | in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions                           |                                       |                                     |  |            |                   | X                                |
| С        | Organizations relying on a current notice regarding disa  | ster assistance, check                | here                                | ▶ [  |            |                   |                                  |
| d        | If the answer is "Yes" to question 5a(4), does  | the foundation cla                    | aim exemption from                  | the tax because it   |            |                   |                                  |
|          | maintained expenditure responsibility for the grant?  | SEE STA                               | TEMENT 13                           |  | 5d         | Х                 |                                  |
|          | If "Yes," attach the statement required by Regulations s  |                                       |                                     |  |            |                   |                                  |
| 6a       | Did the foundation, during the year, receive any  | funds, directly or in                 | idirectly, to pay pre               | miums on a personal  |            |                   |                                  |
|          | benefit contract?   |                                       |                                     |  | 6a         |                   | X                                |
| b        | Did the foundation, during the year, pay premiums, dire   | ectly or indirectly, on a             | personal benefit contra             | act?   | 6b         |                   | X                                |
|          | If "Yes" to 6b, file Form 8870.   | , ,,                                  | •                                   |  |            |                   |                                  |
| 7a       | At any time during the tax year, was the foundation a p   | arty to a prohibited tax              | shelter transaction?                |  | 7a         |                   | Х                                |
| b        | If "Yes," did the foundation receive any proceeds or ha   |                                       |                                     |  | 7b         |                   |                                  |
| 8        | Is the foundation subject to the section 4960 tax   | •                                     |                                     |  |            |                   |                                  |
| •        | excess parachute payment(s) during the year?  |                                       |                                     |  | 8          |                   | Х                                |
| Pai      | t VII Information About Officers, Director  | s, Trustees, Four                     | ndation Managers                    | , Highly Paid Employ   | -          |                   |                                  |
|          | and Contractors   | ion monogoro and                      | their companeition                  | Con instructions   |            |                   |                                  |
| <u> </u> | List all officers, directors, trustees, and foundat   | (b) Title, and average                | (c) Compensation                    | (d) Contributions to   | (e) Expens | A 20001           | ınt                              |
|          | (a) Name and address  | hours per week devoted to position    | (If not paid,<br>enter -0-)         | employee benefit plans and deferred compensation                               | other all  |                   |                                  |
| SEE      | STATEMENT 20  |                                       | •                                   |  |            |                   |                                  |
|          |   |                                       | 579,873.                            | 81,175.  |            |                   | NONE                             |
|          |   |                                       |                                     |  |            |                   |                                  |
|          |   |                                       |                                     |  |            |                   |                                  |
|          |   |                                       |                                     |  |            |                   |                                  |
|          |   |                                       |                                     |  |            |                   |                                  |
|          |   |                                       |                                     |  |            |                   |                                  |
|          |   |                                       |                                     |  |            |                   |                                  |
| 2        | Compensation of five highest-paid employees   | (other than thes                      |                                     |  |            |                   | enter                            |
|          | " "   | (Other than thos                      | e included on line                  | e 1 - see instruction  | s). If no  | one, e            |                                  |
|          | "NONE."   | (other than thos                      | e included on lin                   |  | s). If no  | one, e            |                                  |
|          |   | (b) Title, and average                |                                     | (d) Contributions to employee benefit  | (e) Expens | e accou           | ınt,                             |
|          | "NONE."  Name and address of each employee paid more than \$50,000  | ·                                     | e included on line (c) Compensation | (d) Contributions to   |            | e accou           | ınt,<br>s                        |
|          |   | (b) Title, and average hours per week |                                     | (d) Contributions to<br>employee benefit<br>plans and deferred                 | (e) Expens | e accou           | ınt,<br>s                        |
| (a)      | Name and address of each employee paid more than \$50,000   | (b) Title, and average hours per week | (c) Compensation                    | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expens | e accol<br>owance | s<br>                            |
| (a)      | Name and address of each employee paid more than \$50,000   | (b) Title, and average hours per week |                                     | (d) Contributions to<br>employee benefit<br>plans and deferred                 | (e) Expens | e accol<br>owance | int,<br>s<br>————<br><u>NONE</u> |
| (a)      | Name and address of each employee paid more than \$50,000   | (b) Title, and average hours per week | (c) Compensation                    | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expens | e accol<br>owance | s<br>                            |
| (a)      | Name and address of each employee paid more than \$50,000   | (b) Title, and average hours per week | (c) Compensation                    | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expens | e accol<br>owance | s<br>                            |
| (a)      | Name and address of each employee paid more than \$50,000   | (b) Title, and average hours per week | (c) Compensation                    | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expens | e accol<br>owance | s<br>                            |
| (a)      | Name and address of each employee paid more than \$50,000   | (b) Title, and average hours per week | (c) Compensation                    | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expens | e accol<br>owance | s<br>                            |
| (a)      | Name and address of each employee paid more than \$50,000   | (b) Title, and average hours per week | (c) Compensation                    | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expens | e accol<br>owance | s<br>                            |
| (a)      | Name and address of each employee paid more than \$50,000   | (b) Title, and average hours per week | (c) Compensation                    | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expens | e accol<br>owance | s<br>                            |
| (a)      | Name and address of each employee paid more than \$50,000   | (b) Title, and average hours per week | (c) Compensation                    | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expens | e accol<br>owance | s<br>                            |
| (a)      | Name and address of each employee paid more than \$50,000  STATEMENT 26   | (b) Title, and average hours per week | (c) Compensation                    | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expens | e accou           | s<br>                            |

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| Part VII     | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)   | yees,            |
|--------------|---|------------------|
| 3 Five       | highest-paid independent contractors for professional services. See instructions. If none, enter "NONI  | <b>.</b> ."      |
|              | (a) Name and address of each person paid more than \$50,000 (b) Type of service   | (c) Compensation |
| SEE STAT     | CEMENT 29   | 439,466          |
|              |   |                  |
|              |   |                  |
|              |   |                  |
| Total numb   | er of others receiving over \$50,000 for professional services  | 7                |
| Part VIII-   | Summary of Direct Charitable Activities   |                  |
|              | ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of as and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses         |
| 1 NONE       |   |                  |
|              |   |                  |
|              |   |                  |
| 2            |   |                  |
|              |   |                  |
| 3            |   |                  |
|              |   |                  |
| 4            |   |                  |
|              |   |                  |
| Part VIII-E  | Summary of Program-Related Investments (see instructions)   |                  |
|              | the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  | Amount           |
| 1 NONE       |   |                  |
|              |   |                  |
| 2            |   |                  |
|              |   |                  |
| All other pr | ogram-related investments. See instructions.  |                  |
| 3 NONE       |   |                  |
|              |   |                  |
| Total. Add   | lines 1 through 3   |                  |

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities...... 1a NONE 68,213,062. 1b Fair market value of all other assets (see instructions). 1c 613,795,272. Total (add lines 1a, b, and c) 1d 682,008,334. Reduction claimed for blockage or other factors reported on lines 1a and 2 NONE 3 682,008,334. Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see 4 10,230,125. Net value of noncharitable-use assets. Subtract line 4 from line 3 5 671,778,209. 33,588,910. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part X and certain foreign organizations, check here ▶ and do not complete this part.) 33,588,910. 2a 1,184,610. 2a Tax on investment income for 2021 from Part V, line 5. Income tax for 2021. (This does not include the tax from Part V.) \_\_\_\_\_2b 2c 1,184,610. 3 32,404,300. 3 4 229,508. Recoveries of amounts treated as qualifying distributions 5 32,633,808. 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, 7 32,633,808. Part XI Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . . . . . . . . . . . . . . 1a 99,376,081. 1b NONE Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 NONE Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) NONE 3a Cash distribution test (attach the required schedule) 3b NONE

99,376,081. Form **990-PF** (2021)

| Forn | n 990-PF (2021)  |               |                            |                    | Page <b>9</b>             |
|------|--|---------------|----------------------------|--------------------|---------------------------|
| Pa   | rt XII Undistributed Income (see instru  | ıctions)      |                            |                    |                           |
|      |  | (a)<br>Corpus | (b)<br>Years prior to 2020 | <b>(c)</b><br>2020 | <b>(d)</b><br>2021        |
| 1    | Distributable amount for 2021 from Part X, line 7  |               |                            |                    | 32,633,808.               |
| 2    | Undistributed income, if any, as of the end of 2021:   |               |                            |                    |                           |
| а    | Enter amount for 2020 only   |               |                            | NONE               |                           |
| b    | Total for prior years: 20 <u>19</u> ,20 <u>18</u> ,20 <u>17</u>  |               | NONE                       |                    |                           |
| 3    | Excess distributions carryover, if any, to 2021:   |               |                            |                    |                           |
| а    | From 2016 50,983,034.  |               |                            |                    |                           |
| b    | From 2017 62,499,087.  |               |                            |                    |                           |
| С    | From 2018 91,068,230.  |               |                            |                    |                           |
| d    | From 2019 112,313,380.   |               |                            |                    |                           |
| е    | From 2020  |               |                            |                    |                           |
|      | Total of lines 3a through e  | 393,383,813.  |                            |                    |                           |
| 4    | Qualifying distributions for 2021 from Part XI,  |               |                            |                    |                           |
|      | line 4: ▶ \$99,376,081.  |               |                            |                    |                           |
| а    | Applied to 2020, but not more than line 2a   |               |                            | NONE               |                           |
| b    | Applied to undistributed income of prior years (Election required - see instructions)  |               |                            |                    |                           |
| C    | Treated as distributions out of corpus (Election required - see instructions)  |               |                            |                    |                           |
| d    | Applied to 2021 distributable amount   |               |                            |                    | 32,633,808.               |
|      | Remaining amount distributed out of corpus   | 66,742,273.   |                            |                    |                           |
| 5    | Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)  |               |                            |                    |                           |
| 6    | Enter the net total of each column as indicated below:   |               |                            |                    |                           |
| а    | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5  | 460,126,086.  |                            |                    |                           |
| b    | Prior years' undistributed income. Subtract  |               |                            |                    |                           |
|      | line 4b from line 2b   |               | NONE                       |                    |                           |
| C    | Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               |                            |                    |                           |
| d    | Subtract line 6c from line 6b. Taxable   |               |                            |                    |                           |
|      | amount - see instructions  |               | NONE                       |                    |                           |
| е    | Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instructions  |               |                            | NONE               |                           |
|      |  |               |                            |                    |                           |
| ī    | Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022.   |               |                            |                    | NONE                      |
| 7    | Amounts treated as distributions out of corpus   |               |                            |                    |                           |
| '    | to satisfy requirements imposed by section   |               |                            |                    |                           |
|      | 170(b)(1)(F) or 4942(g)(3) (Election may be  |               |                            |                    |                           |
|      | required - see instructions) attachment, 24  | 52,318,418.   |                            |                    |                           |
| 8    | Excess distributions carryover from 2016 not   |               |                            |                    |                           |
|      | applied on line 5 or line 7 (see instructions)   |               |                            |                    |                           |
| 9    | Excess distributions carryover to 2022.  |               |                            |                    |                           |
|      | Subtract lines 7 and 8 from line 6a  | 407,807,668.  |                            |                    |                           |
| 10   | Analysis of line 9:  |               |                            |                    |                           |
| а    | Excess from 2017 61,163,703.   |               |                            |                    |                           |
|      | Excess from 2018 91,068,230.   |               |                            |                    |                           |
|      | Excess from 2019 112,313,380.  |               |                            |                    |                           |
|      | Excess from 2020 76,520,082.   |               |                            |                    |                           |
| e    | Excess from 2021   66,742,273.   |               |                            |                    | Form <b>990-PF</b> (2021) |
|      |  |               |                            |                    |                           |

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Form 990-PF (2021) Page **10** Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) NOT APPLICABLE 1a If the foundation has received a ruling or determination letter that it is a private operating 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(5) Prior 3 years Tax year 2a Enter the lesser of the ad-(e) Total justed net income from Part (d) 2018 (a) 2021 **(b)** 2020 (c) 2019 I or the minimum investment return from Part IX for each year listed **b** 85% (0.85) of line 2a C Qualifying distributions from Part XI, line 4, for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: . . a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative testenter 2/3 of minimum investment return shown in Part IX. line 6, for each year listed C "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income . Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at Part XIV any time during the year - see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) CHARLES G. KOCH b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions. a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 31 b The form in which applications should be submitted and information and materials they should include: SEE STATEMENT 32 c Any submission deadlines:

b The form in which applications should be submitted and information and materials they should include:

SEE STATEMENT 32

c Any submission deadlines:

SEE STATEMENT 33

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE STATEMENT 34

JSA
1E1490 1.000
16733H K932

V21-7.6F 85646

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Part XIV Supplementary Information (continued) **Grants and Contributions Paid During the Year or Approved for Future Payment** If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of Recipient Purpose of grant or contribution Amount Name and address (home or business) recipient a Paid during the year SEE STATEMENT 35 92,988,357. 92,988,357. **b** Approved for future payment SEE STATEMENT 214 5,500,000. 5,500,000. **Total** ▶ 3b

| Part XV-      | <ul> <li>A Analysis of Income-Produ</li> </ul>                         | icing Activ          | vities                      |                       |                      |   |
|---------------|--|----------------------|-----------------------------|-----------------------|----------------------|---|
|               | amounts unless otherwise indicated.                                    | Unrela               | ated business income        | (e)                   |                      |   |
| 1 Program     | n service revenue:   | (a)<br>Business code | <b>(b)</b><br>Amount        | (c)<br>Exclusion code | <b>(d)</b><br>Amount | Related or exempt<br>function income<br>(See instructions.) |
| -             |  |                      |                             |                       |                      | ,   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
| f             |  |                      |                             |                       |                      |   |
| •             | and contracts from government agencies                                 |                      |                             |                       |                      |   |
|               | rship dues and assessments   |                      |                             | 14                    | 15,072,765.          |   |
|               | on savings and temporary cash investments •                            |                      |                             | 14                    | 15,072,765.          |   |
|               | ds and interest from securities  |                      |                             |                       |                      |   |
|               | tal income or (loss) from real estate:                                 |                      |                             |                       |                      |   |
|               | t-financed property  |                      |                             |                       |                      |   |
|               | debt-financed property   |                      |                             | +                     |                      |   |
|               | al income or (loss) from personal property                             |                      |                             |                       |                      |   |
| 7 Other in    | nvestment income   |                      |                             |                       |                      |   |
| 8 Gain or (   | (loss) from sales of assets other than inventory                       |                      |                             |                       |                      |   |
|               | ome or (loss) from special events                                      |                      |                             |                       |                      |   |
| -             | profit or (loss) from sales of inventory                               |                      |                             |                       |                      |   |
|               | evenue: a  |                      |                             | 0.1                   | 1 100 065            |   |
|               | SCELLANEOUS INCOME   |                      |                             | 01                    | 1,100,865.           | 200 500   |
|               | ANT RECOVERIES   |                      |                             | +                     |                      | 229,508.  |
| d             |  |                      |                             | +                     |                      |   |
| е             |  |                      |                             |                       | 16 170 600           | 200 500   |
|               | ll. Add columns (b), (d), and (e)                                      |                      |                             |                       | 16,173,630.          | 229,508.  |
|               | add line 12, columns (b), (d), and (e)                                 |                      |                             |                       | 13                   | 16,403,138.   |
|               | heet in line 13 instructions to verify calculations by                 |                      | a a more liabres and a f Fu |                       |                      |   |
| Part XV-      | B Relationship of Activities   | to the Ac            | complishment of Ex          | tempt Purp            | oses                 |   |
| Line No.<br>▼ | Explain below how each activity for of the foundation's exempt purpose |                      | •                           | • •                   |                      | tly to the accomplishmen                                    |
|               |  |                      |                             |                       | ,                    |   |
| 11C           | RETURN OF UNUSED GRANT   | FUNDS                |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      |                             |                       |                      |   |
|               |  |                      | <del></del>                 |                       |                      |   |

Form **990-PF** (2021)

| Part X         | (VI     | Information Reg<br>Organizations                            | garding Trar         | sfers to          | and Transaction  | ns and   | l Relationshi                                    | ps With        | Nonchar           | itable   | e Exe      | empt     |
|----------------|---------|---|----------------------|-------------------|--|--|--|----------------|-------------------|----------|------------|----------|
| 1 Di           | id the  | organization direct   | ly or indirectly     | engage in         | any of the follow  | ing with   | any other orga                                   | anization      | described         |          | Yes        | No       |
|                |         | tion 501(c) (other  |                      |                   | - A SHEET SECTION OF THE REAL PROPERTY OF THE PROPERTY OF THE REAL PROPE | The state of the s | THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. |                |                   |          |            |          |
|                |         | ations?   |                      | ( // /            |  |  | EN PERSONAL CONTRACTOR SAFE                      |                |                   |          |            |          |
| a Tr           | ansfe   | ers from the reportin                                       | g foundation to      | a nonchar         | itable exempt org  | anization  | of:  |                |                   |          |            |          |
| (1             | ) Cas   | h   |                      |                   |  |  |  |                |                   | 1a(1)    |            | X        |
| (2             | ) Oth   | er assets   |                      |                   |  |  |  |                |                   | 1a(2)    |            | X        |
| <b>b</b> O     | ther to | ransactions:  |                      |                   |  |  |  |                |                   |          |            |          |
| (1             | ) Sale  | es of assets to a no  | ncharitable exe      | mpt organiz       | ation  |  |  |                |                   | 1b(1)    |            | X        |
| (2             | ) Pur   | chases of assets fro  | om a noncharit       | able exempt       | torganization  |  |  |                |                   | 1b(2)    |            | X        |
| (3             | ) Ren   | ntal of facilities, equi                                    | pment, or other      | assets            |  |  |  |                |                   | 1b(3)    |            | X        |
| (4             | ) Rei   | mbursement arrange  | ements               |                   |  |  |  |                |                   | 1b(4)    |            | X        |
| (5             | ) Loa   | ns or loan guarantee  | s                    |                   |  |  |  |                |                   | 1b(5)    |            | Χ        |
| (6             | ) Per   | formance of service   | s or members         | hip or fundr      | aising solicitations   |  |  |                |                   | 1b(6)    |            | X        |
|                | -       | of facilities, equipm                                       | _                    |                   |  | -  |  |                |                   |          |            | Χ        |
|                |         | inswer to any of th   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         | f the goods, other  |                      | _                 |  |  |  |                |                   |          |            |          |
|                |         | n any transaction or  | _                    | _                 |  |  |  |                |                   |          |            |          |
| (a) Line       | no.     | (b) Amount involved   | (c) Name of          | noncharitable     | exempt organization  | (d) [  | Description of trans                             | sfers, transac | ctions, and shar  | ing arra | angeme     | nts      |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         | oundation directly of                                       |                      |                   |  |  |  |                |                   | $\neg$   |            | 7        |
|                |         | ed in section 501(c)  |                      | ction 501(c       | (3)) or in section   | 527?   |  |                |                   | X Y      | es         | No       |
| b If           | "Yes,   | " complete the follo  |                      | _                 |  |  |  |                |                   |          |            |          |
|                |         | (a) Name of organization                                    | 1                    |                   | ) Type of organization   |  |  | ., .           | tion of relations | hip      |            |          |
| CCKC4,         |         |   |                      | 501(C)(4)         |  |  | COMMON DIRECT                                    |                |                   |          |            |          |
| BELIEVE        | IN P    | EOPLE   |                      | 501 (C) (4)       |  |  | COMMON DIRECT                                    | ORS            |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                |         |   |                      |                   |  |  |  |                |                   |          |            |          |
|                | Under   | nonalting of position I deale                               | ers that I have aver | inad this return  | including assessment   |  |  | 4- 45- 54      | -f lld-           | 1        | li-6 iA    | i- 4     |
|                | correct | pஆatties of perjury, I decla<br>and complete peclaration of | preparer (other than | taxpayer) is base | , including accompanying<br>d on all information of whi  | scriedules a<br>ch preparer h  | and statements, and<br>has any knowledge.        | to the best    | or my knowledg    | e and b  | beller, it | is true, |
| Sign           |         | Kara Hartnett   |                      |                   | ./14/2022  |  |  |                | May the IRS       | discus   | s this     | retum    |
| Here           |         | 6D9A5DFCA400483   |                      |                   |  |  | EASURER  |                | with the pre      |          |            | below?   |
|                | Sign    | ature of officer or trustee                                 |                      | Date              | е  | Title  |  |                | See instruction   | š. X     | Yes        | No       |
|                |         | Drint/Type re   |                      | D                 | do oignoturo   |  | Dete   |                |                   | TIN'     |            |          |
| Paid           |         | Print/Type preparer's nar                                   |                      | Preparer          | 's signature   | Livat  | Date   | .              | - II              | PTIN     |            | 0        |
| . a.a<br>Prepa |         | SHAWNELL LINC   |                      |                   | Minnim   | Wille  | 11/11  | 7              |                   | 2016     |            | 8        |
| -              | ļ       |   | RVIS, LLP            |                   |  |  |  | Firm's EIN     | ▶ 44-0            | 1602     | 260        |          |
| Use O          | nly     |   |                      |                   | KWY, STE 300   |  |  |                |                   |          |            |          |
|                |         | WI  | CHITA, KS            |                   | 6  | 7206-6   | 601  | Phone no.      | . 316-26          | 5-28     | 311        |          |

Form **990-PF** (2021)

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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

|   | for which an extension request must be sent form, visit www.irs.gov/e-file-providers/e-file-i   |   |                              | ctions). For more de    | tails | on the         | electronic    |
|---|---|---|------------------------------|-------------------------|-------|----------------|---------------|
| Automati  | 6-Month Extension of Time. Only subm  | it original                                       | (no copies needed).          |                         |       | ,              |               |
| -   | tions required to file an income tax return oth<br>orm 7004 to request an extension of time to fi   |   | ·                            | ·C filers), partnership | s, R  | EMICs,         | and trusts    |
| Type or Name of exempt organization or other filer, see instructions.  Taxpayer identification number (TIN) |   |   |                              |                         |       |                |               |
| print   | CHARLES KOCH FOUNDATION   |   |                              | 48-0918408              | 3     |                |               |
| File by the   | Number, street, and room or suite no. If a P.O. bo  | x, see instru                                     | ctions.                      |                         |       |                |               |
| due date for<br>filing your   | 1320 N COURTHOUSE RD SUITE 40   |   |                              |                         |       |                |               |
| return. See<br>nstructions.   | City, town or post office, state, and ZIP code. For   | r a foreign ad                                    | dress, see instructions.     |                         |       |                |               |
| mstructions.  | ARLINGTON, VA 22201   |   |                              |                         |       |                |               |
| Enter the R   | eturn Code for the return that this application   | is for (file                                      | a separate application for e | ach return)             |       |                | 0 4           |
| Application   | 1   | Return  | Application                  |                         |       |                | Return        |
| s For   |   | Code  | Is For                       |                         |       |                | Code          |
| Form 990 c  | or Form 990-EZ  | 01  | Form 1041-A                  |                         |       |                | 80            |
|   | (individual)  | 03  | Form 4720 (other than in     | idividual)              |       |                | 09            |
| Form 990-F  |   | 04  | Form 5227                    |                         |       |                | 10            |
|   | Γ (sec. 401(a) or 408(a) trust)   | 05  | Form 6069                    |                         |       |                | 11            |
|   | Γ (trust other than above)<br>Γ (corporation)   | 06  | Form 8870                    |                         |       |                | 12            |
| Telephone If the orgething in the who   | ks are in the care of   KARA HARTNETT  1320 N COURTHOUS  ne No.   571 290-6811  ganization does not have an office or place of for a Group Return, enter the organization's fo  le group, check this box  ne names and TINs of all members the extens | <br>business ir<br>ur digit Gro<br>f it is for pa | oup Exemption Number (GE     | his box                 |       | If thi         | is is         |
| 1 I requ  | est an automatic 6-month extension of time u  | ntil  | <u>11/15</u> , <b>20</b> 22  | _, to file the exempt   | org   | anizatio       | on return     |
| <ul><li>▶ X</li><li>▶ </li><li>▶ </li><li>If the</li></ul>  | corganization named above. The extension is calendar year 2021 or tax year beginning  | , 20  | , and ending                 |                         |       | <u> </u>       |               |
|   | Change in accounting period   | 4720 or   | 6060 onter the tentati       | vo tax loss any         |       |                |               |
|   | s application is for Forms 990-PF, 990-T, fundable credits. See instructions.   | 412U, OI  | ooos, enter the tental       | ve lax, less ally       | 2~    | <b>¢</b> 1 00  | 10 000        |
|   |   |   |                              |                         |       |                | 10,000.       |
|   | b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ NONE  |   |                              |                         |       |                |               |
|   | ce due. Subtract line 3b from line 3a. In   |   |                              | n. if required, by      | 30    | Ψ              | INOINE        |
|   | EFTPS (Electronic Federal Tax Payment Syster  | -   | · •                          | . , ,                   | 3с    | <b>\$</b> 1.00 | 00,000.       |
|   | ou are going to make an electronic funds withdraw   |   |                              | Form 8453-TE and Fo     |       |                |               |
| nstructions.  |   | ,   | ,                            |                         | _     |                | . ,           |
| For Privacy   | Act and Paperwork Reduction Act Notice, see inst  | ructions.   |                              |                         | Form  | 8868           | (Rev. 1-2022) |

of Thruby Act and Taperwork Reduction Act Relies, see mandellone

### Schedule B (Form 990)

Department of the Treasury

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization CHARLES KOCH FOUNDATION 48-0918408 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🗓 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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

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

Schedule B (Form 990) (2021)

16733Н К932

Schedule B (Form 990) (2021) Page 2

| Name of o | rganization   | Employer identification number |  |  |
|-----------|---|--------------------------------|--|--|
|           | CHARLES KOCH FOUNDATION   | 48-0918408                     |  |  |
| Part I    | Contributors (see instructions). Use duplicate copies of Part Lif additional space is | needed.                        |  |  |

|            | , | '                          |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4       | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1_         | STAND TOGETHER TRUST                    | _                          | Person X   |
|            | 1320 NORTH COURTHOUSE ROAD, SUITE 400   | \$800,000.                 | Payroll<br>Noncash   |
|            | ARLINGTON, VA 22201                     | _                          | (Complete Part II for noncash contributions.)                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4       | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          | CHARLES G. KOCH 1997 TRUST              | _                          | Person   |
|            | 1320 NORTH COURTHOUSE ROAD, SUITE 400   | \$51,035,418.              | Payroll<br>Noncash   |
|            | ARLINGTON, VA 22201                     | _                          | (Complete Part II for noncash contributions.)                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4       | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3_         | TROESH FAMILY FOUNDATION                | _                          | Person X   |
|            | 1320 NORTH COURTHOUSE ROAD, SUITE 400   | \$481,000.                 | Payroll<br>Noncash   |
|            | ARLINGTON, VA 22201                     | _                          | (Complete Part II for noncash contributions.)                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4       | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | <br>\$                     | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4       | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | <br>\$                     | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4       | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |

# FORM 990PF, PART I - OTHER INCOME

| DESCRIPTION  |        | REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | NET<br>INVESTMENT<br>INCOME |
|--|--------|---|-----------------------------|
| OTHER INCOME - MISCELLANEOUS INVESTMENTS - OTHER INCOME INVESTMENTS - RENTAL INCOME/LOSS OTHER INCOME - GRANT RECOVERIES |        | 1,100,865.<br>NONE<br>NONE<br>229,508.  | 27,561,566.<br>-2,115,758.  |
|  | TOTALS | 1,330,373.                              | 25,445,808.                 |

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# FORM 990PF, PART I - LEGAL FEES

|             | TOTALS | 394.                           | NONE                  | NONE                      | 394.                   |
|-------------|--------|--------------------------------|-----------------------|---------------------------|------------------------|
| LEGAL FEES  |        | 394.                           |                       |                           | 394.                   |
| DESCRIPTION |        | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME | ADJUSTED<br>NET<br>INCOME | CHARITABLE<br>PURPOSES |

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# FORM 990PF, PART I - ACCOUNTING FEES

| DESCRIPTION   | AND EXPENSES PER BOOKS | NET<br>INVESTMENT<br>INCOME | ADJUSTED<br>NET<br>INCOME | CHARITABLE<br>PURPOSES |
|---|------------------------|-----------------------------|---------------------------|------------------------|
| ACCOUNTING FEES - FORM 990-PF<br>ACCOUNTING FEES - FORM 990-T | 68,918.<br>7,658.      | 6,892.<br>NONE              | NONE<br>NONE              | 91,297.<br>NONE        |
| TOTALS  | 76,576.                | 6,892.                      | NONE                      | 91,297.                |

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# FORM 990PF, PART I - OTHER PROFESSIONAL FEES

|   | ==========                   | ==========                  |                           | ==========             |
|---|------------------------------|-----------------------------|---------------------------|------------------------|
| TOTALS  | 359,184.                     | 114,556.                    |                           | 425,250.               |
| PROFESSIONAL CONSULTING FEES                  | 236,048.                     | 114,550.                    |                           | 416,670.               |
| HR PROCESSING FEES INVESTMENT MANAGEMENT FEES | 8,580.<br>114,556.           | 114,556.                    |                           | 8,580.                 |
|   |                              |                             |                           |                        |
| DESCRIPTION                                   | AND<br>EXPENSES<br>PER BOOKS | NET<br>INVESTMENT<br>INCOME | ADJUSTED<br>NET<br>INCOME | CHARITABLE<br>PURPOSES |
|   | REVENUE                      | NTE                         |                           |                        |

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# FORM 990PF, PART I - INTEREST EXPENSE

|                             | INOINE                     | 0,400,010.        |
|-----------------------------|----------------------------|-------------------|
| TOTALS                      | NONE                       | 8,493,813.        |
| INVESTMENT INTEREST EXPENSE | NONE                       | 8,493,813.        |
| DESCRIPTION                 | PER BOOKS                  | INCOME            |
|                             | REVENUE<br>AND<br>EXPENSES | NET<br>INVESTMENT |

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# FORM 990PF, PART I - TAXES

| DESCRIPTION  | REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | NET<br>INVESTMENT<br>INCOME | CHARITABLE<br>PURPOSES |
|--|---|-----------------------------|------------------------|
| INVESTMENT FOREIGN TAXES INVESTMENT TAXES PROPERTY TAXES PAYROLL TAXES | NONE<br>3,346,066.<br>236.<br>395,503.  | 167,378.                    | 236.<br>395,503.       |
| TOTALS   | 3,741,805.                              | 167,378.                    | 395,739.               |

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# FORM 990PF, PART I - OTHER EXPENSES

| DESCRIPTION              |        | REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | NET<br>INVESTMENT<br>INCOME | CHARITABLE<br>PURPOSES |
|--------------------------|--------|---|-----------------------------|------------------------|
| SUPPLIES                 |        | 3,836.                                  |                             | 3,836.                 |
| DUES/LICENSES            |        | 60,648.                                 |                             | 61,548.                |
| INVESTMENTS - CHARITABLE |        | NONE                                    |                             | 8,757.                 |
| INVESTMENT EXPENSES      |        | NONE                                    | 22,175,508.                 |                        |
| GIFTS                    |        | 97.                                     |                             | 97.                    |
| POSTAGE & DELIVERY       |        | 490.                                    |                             | 490.                   |
| TELECOMMUNICATION        |        | 1,254.                                  |                             | 1,254.                 |
| ADVERTISING & PROMOTION  |        | 38,096.                                 |                             | 36,708.                |
| BAD DEBT EXPENSE         |        | 18.                                     |                             | NONE                   |
| BANK FEES                |        | 7,264.                                  | 7,264.                      |                        |
|                          | TOTALS | 111,703.                                | 22,182,772.                 | 112,690.               |
|                          |        | =========                               | =========                   | ==========             |

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### FORM 990PF, PART II - PREPAID EXPENSES AND DEFERRED CHARGES

|                       |        | BEGINNING  | ENDING     | ENDING     |
|-----------------------|--------|------------|------------|------------|
| DESCRIPTION           |        | BOOK VALUE | BOOK VALUE | FMV        |
|                       |        |            |            |            |
| PREPAID EXCISE TAX    |        | 544,422.   | 2,950,000. | 2,950,000. |
| PREPAID SUBSCRIPTIONS |        | 7,884.     | 7,256.     | 7,256.     |
|                       | TOTALS | 552,306.   | 2,957,256. | 2,957,256. |
|                       |        |            |            |            |

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#### FORM 990PF, PART II - OTHER INVESTMENTS

|                                  |        | ==========               | ===========              | ==========               |
|----------------------------------|--------|--------------------------|--------------------------|--------------------------|
|                                  | TOTALS | 374,996,813.             | 717,686,216.             | 717,686,216.             |
| PASSIVE FUND III PASSIVE FUND IX |        | 374,437,466.<br>250,000. | 717,236,216.<br>450,000. | 717,236,216.<br>450,000. |
| PASSIVE FUND VII                 |        | 309,347.                 | NONE                     | NONE                     |
|                                  |        |                          |                          |                          |
| DESCRIPTION                      |        | BOOK VALUE               | BOOK VALUE               | FMV                      |
|                                  |        | BEGINNING                | ENDING                   | ENDING                   |

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### FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

UNREALIZED GAINS/LOSSES 145,938,330.

CHANGE TO GAAP-REPORTING OF INVESTMENTS 239,700,724.

TOTAL 385,639,054.

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STATEMENT 10

FORM 990PF, PART VI-A - TRANSFERS FROM CONT. ENT. STATEMENT

CONTROLLED ENTITY'S NAME: PASSIVE FUND II

CONTROLLED ENTITY'S ADDRESS: 1320 N COURTHOUSE RD SUITE 400

SECOND LINE ADDRESS: ARLINGTON, VA 22201

EIN: 47-2537421

TRANSFER AMOUNT: 30,000,000.

EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY: DISTRIBUTIONS FROM DOMESTIC PASSIVE INVESTMENT

CONTROLLED ENTITY'S NAME: PASSIVE FUND III

CONTROLLED ENTITY'S ADDRESS: 1320 N COURTHOUSE RD SUITE 400

SECOND LINE ADDRESS: ARLINGTON, VA 22201

EIN: 85-1484620

TRANSFER AMOUNT: 15,000,000.

EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
DISTRIBUTIONS FROM DOMESTIC PASSIVE INVESTMENT

STATEMENT 11

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FORM 990PF, PART VI-A - TRANSFERS TO CONT. ENT. STATEMENT \_\_\_\_\_\_

CONTROLLED ENTITY'S NAME: PASSIVE FUND IX

CONTROLLED ENTITY'S ADDRESS: 1320 N COURTHOUSE RD STE 400

SECOND LINE ADDRESS: ARLINGTON, VA 22201

85-2667830 EIN:

TRANSFER AMOUNT: 200,000.

EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:

CAPITAL CONTRIBUTIONS TO DOMESTIC PASSIVE INVESTMENT

CONTROLLED ENTITY'S NAME: PASSIVE FUND II

CONTROLLED ENTITY'S ADDRESS: 1320 N COURTHOUSE RD SUITE 400

ARLINGTON, VA 22201 SECOND LINE ADDRESS:

EIN: 47-2537421

EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:

15,000,000. TRANSFER AMOUNT:

CAPITAL CONTRIBUTIONS TO DOMESTIC PASSIVE INVESTMENT

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STATEMENT 12

GRANTEE'S NAME: UNIVERSITY OF HONG KONG

GRANTEE'S ADDRESS: POK FU LAM ROAD

CITY, STATE & ZIP: HONG KONG FOREIGN COUNTRY: CHTNA

GRANT DATE: 04/23/2020

GRANT AMOUNT: 40,000. GRANT PURPOSE: RESEARCH SUPPORT

AMOUNT EXPENDED: 10,000.

ANY DIVERSION? NO

DATES OF REPORTS: 06/15/2022 - PARTIAL REPORT OF EXPENDITURES TO DATE

VERIFICATION DATE:

RESULTS OF VERIFICATION:

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF

THE REPORTS WERE MADE.

GRANTEE'S NAME: TECHNOLOGY POLICY INSTITUTE GRANTEE'S NAME: TECHNOLOGY POLICY INSTITUTE 409 12TH STREET SW SUITE 700 CITY, STATE & ZIP: WASHINGTON, DC 20024

GRANT DATE: 12/17/2019

GRANT AMOUNT: 230,000. GRANT PURPOSE: PROGRAM SUPPORT

AMOUNT EXPENDED: 65,000.

ANY DIVERSION? NO

DATES OF REPORTS: 05/25/2022 - PARTIAL REPORT OF EXPENDITURES TO DATE

VERIFICATION DATE:

RESULTS OF VERIFICATION:

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF

THE REPORTS WERE MADE.

STATEMENT 13 CONTINUED

GRANTEE'S NAME: UNIVERSITY OF BIRMINGHAM

GRANTEE'S ADDRESS: EDGBASTON CITY, STATE & ZIP: BIRMINGHAM

FOREIGN COUNTRY: UNITED KINGDOM B15 2TT

GRANT DATE: 04/23/2020

GRANT AMOUNT: 32,500.
GRANT PURPOSE: TRAVEL RESEARCH SUPPORT

AMOUNT EXPENDED: NONE

ANY DIVERSION? NO

DATES OF REPORTS: 04/05/2022 - PARTIAL REPORT OF EXPENDITURES TO DATE

VERIFICATION DATE:

RESULTS OF VERIFICATION:

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF

THE REPORTS WERE MADE.

GRANTEE'S NAME: TECHNOLOGY POLICY INSTITUTE GRANTEE'S ADDRESS: 409 12TH ST. SW, SUITE 700 CITY, STATE & ZIP: WASHINGTON, DC 20024

GRANT DATE: 05/11/2018 GRANT AMOUNT: 162,500.

GRANT PURPOSE: GENERAL OPERATING SUPPORT

AMOUNT EXPENDED: 90,658.

ANY DIVERSION? NO

DATES OF REPORTS: 04/26/2022 - PARTIAL REPORT OF EXPENDITURES TO DATE

VERIFICATION DATE:

RESULTS OF VERIFICATION:

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF

THE REPORTS WERE MADE.

STATEMENT 14 CONTINUED

GRANTEE'S NAME: COUNCIL ON INTEGRITY IN RESULTS REPORTIN

GRANTEE'S ADDRESS: 1519 OAKWOOD AV.
CITY, STATE & ZIP: HIGHLAND PARK, IL 60035
GRANT DATE: 02/03/2020

GRANT AMOUNT: 187,000.

GRANT PURPOSE: PROGRAMMING SUPPORT

AMOUNT EXPENDED: 151,913.

ANY DIVERSION? NO

UNKNOWN - PARTIAL REPORT OF EXPENDITURES TO DATE DATES OF REPORTS:

VERIFICATION DATE:

RESULTS OF VERIFICATION:

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORTS WERE MADE. THIS GRANTEE INTENDS TO CEASE OPERATIONS AND WILL BE RETURNING THE REMAINING AMOUNT NOT EXPENDED.

GRANTEE'S NAME: JAMES G. MARTIN CENTER FOR ACADEMIC RENE GRANTEE'S ADDRESS: 353 E. SIX FORKS ROAD, SUITE 200 CITY, STATE & ZIP: RALEIGH, SC 27609

GRANT DATE: 07/13/2018

GRANT AMOUNT: 45,000.

GRANT PURPOSE: FELLOWSHIP & CONFERENCE SUPPORT

AMOUNT EXPENDED: 45,000.

ANY DIVERSION? NO

DATES OF REPORTS: 04/12/2022 - FULL REPORT OF EXPENDITURES TO DATE

VERIFICATION DATE:

RESULTS OF VERIFICATION:

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORTS WERE MADE.

> STATEMENT 15 CONTINUED

GRANTEE'S NAME: PRAXIS FOUNDATION

GRANTEE'S ADDRESS: 1567 MEETING STREET RD., SUITE 200 CITY, STATE & ZIP: CHARLESTON, SC 29405 GRANT DATE: 07/24/2019

GRANT AMOUNT: 70,000.

GRANT PURPOSE: SCHOLARSHIP SUPPORT

AMOUNT EXPENDED: 70,000.

ANY DIVERSION? NO

11/10/2022 - FULL REPORT OF EXPENDITURES TO DATE DATES OF REPORTS:

VERIFICATION DATE:

RESULTS OF VERIFICATION:

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF

THE REPORTS WERE MADE.

GRANTEE'S NAME: PUBLIC CHOICE SOCIETY

GRANTEE'S ADDRESS: 224C FORSYTH, COLLEGE OF BUSINESS CITY, STATE & ZIP: CULLOWHEE, NC 28723

GRANT DATE: 12/20/2019

GRANT AMOUNT: 44,000.

GRANT PURPOSE: PROGRAMMING SUPPORT

4,500. AMOUNT EXPENDED:

ANY DIVERSION? NO

DATES OF REPORTS: UNKNOWN - PARTIAL REPORT OF EXPENDITURES TO DATE

VERIFICATION DATE:

RESULTS OF VERIFICATION:

THE ORGANIZATION HAS REQUESTED EXPENDITURE RESPONSIBILITY REPORTING. AS OF THIS FILING, THE ORGANIZATION HAS BEEN UNABLE TO OBTAIN A REPORT. THE ORGANIZATION WILL WITHHOLD ALL FUTURE GRANTS UNTIL THE DELINOUENT REPORT IS SUBMITTED BY GRANTEE. THE ORGANIZATION IS TAKING REASONABLE STEPS TO OBTAIN A REPORT FROM THE GRANTEE.

> STATEMENT 16 CONTINUED

GRANTEE'S NAME: UNIVERSITY OF OXFORD GRANTEE'S ADDRESS: WELLINGTON SQUARE
CITY, STATE & ZIP: OXFORD
FOREIGN COUNTRY: UNITED KINGDOM OX1 2JD

GRANT DATE: 04/25/2019

GRANT AMOUNT: 5,000. GRANT AMOUNT: 5,000.
GRANT PURPOSE: RESEARCH SUPPORT

AMOUNT EXPENDED: 5,000.

ANY DIVERSION? NO

DATES OF REPORTS: 11/03/2022 - FULL REPORT OF EXPENDITURES TO DATE

VERIFICATION DATE:

RESULTS OF VERIFICATION:

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF

THE REPORTS WERE MADE.

GRANTEE'S NAME:

GRANTEE'S ADDRESS:

CITY, STATE & ZIP:

FOREIGN COUNTRY:

GRANT DATE:

GRANT AMOUNT:

CPANE DISC.

UNIVERSITY OF SURREY

STAG HILL

GUILDFORD

UNITED KINGDOM GU2 7XH

04/09/2020 GRANT PURPOSE: RESEARCH SUPPORT

AMOUNT EXPENDED:

ANY DIVERSION? NO

DATES OF REPORTS: UNKNOWN - PARTIAL REPORT OF ALL EXPENDITURES

VERIFICATION DATE:

RESULTS OF VERIFICATION:

THE ORGANIZATION HAS REQUESTED EXPENDITURE RESPONSIBILITY REPORTING. AS OF THIS FILING, THE ORGANIZATION HAS BEEN UNABLE TO OBTAIN A REPORT. THE ORGANIZATION WILL WITHHOLD ALL FUTURE GRANTS UNTIL THE DELINQUENT REPORT IS SUBMITTED BY GRANTEE. THE ORGANIZATION IS TAKING REASONABLE STEPS TO OBTAIN A REPORT FROM THE GRANTEE.

> STATEMENT 17 CONTINUED

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GRANTEE'S NAME: UNIVERSITY OF VIENNA

GRANTEE'S ADDRESS: UNIVERSITATSRING 1 A-1010

CITY, STATE & ZIP: VIENNA FOREIGN COUNTRY: AUSTRIA GRANT DATE: 01/11/2019

GRANT AMOUNT: 182,000.
GRANT PURPOSE: RESEARCH SUPPORT

102,740. AMOUNT EXPENDED:

ANY DIVERSION? NO

DATES OF REPORTS: 07/16/2022 - PARTIAL REPORT OF EXPENDITURES TO DATE

VERIFICATION DATE:

RESULTS OF VERIFICATION:

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF

THE REPORTS WERE MADE.

GRANTEE'S NAME: BRG INSTITUTE
GRANTEE'S ADDRESS: 2200 POWELL STREET, SUITE 1200
CITY, STATE & ZIP: EMERYVILLE, CA 94608

GRANT DATE: 12/23/2021 GRANT AMOUNT: 475,000.

GRANT PURPOSE: GENERAL OPERATING SUPPORT

AMOUNT EXPENDED: 475,000.

ANY DIVERSION? NO

DATES OF REPORTS: 04/05/2022 - FULL REPORT OF EXPENDITURES TO DATE

VERIFICATION DATE:

RESULTS OF VERIFICATION:

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORTS WERE MADE.

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STATEMENT 18

GRANTEE'S NAME: UNIVERSITY OF BIRMINGHAM

GRANTEE'S ADDRESS: EDGBASTON
CITY, STATE & ZIP: BIRMINGHAM
FOREIGN COUNTRY: UNITED KINGDOM B15 2TT

GRANT DATE: 12/31/2021

GRANT AMOUNT: 50,000.
GRANT PURPOSE: TRAVEL AND RESEARCH SUPPORT

23,192. AMOUNT EXPENDED:

ANY DIVERSION? NO

DATES OF REPORTS: 11/04/2022 - PARTIAL REPORT OF EXPENDITURES TO DATE

VERIFICATION DATE:

RESULTS OF VERIFICATION:

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORTS WERE MADE.

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| FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUST |      |
|---|------|
| OFFICER NAME: CHARLES CHASE KOCH                              | ===  |
| ADDRESS: 1320 N COURTHOUSE RD SUITE 400 ARLINGTON, VA 22201   |      |
| TITLE: DIRECTOR/VICE CHAIRMAN                                 |      |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION:                   | 1.00 |
| COMPENSATION  | NONE |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                       | NONE |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES                          | NONE |
| OFFICER NAME:<br>ELIZABETH B KOCH                             |      |
| ADDRESS: 1320 N COURTHOUSE RD SUITE 400 ARLINGTON, VA 22201   |      |
| TITLE:<br>DIRECTOR  |      |
|   |      |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION:                   | 1.00 |
| COMPENSATION  | NONE |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                       | NONE |

| FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUST     |      |      |
|---|------|------|
| EXPENSE ACCOUNT AND OTHER ALLOWANCES                              |      | NONE |
| OFFICER NAME:<br>CHARLES G KOCH                                   |      |      |
| ADDRESS:<br>1320 N COURTHOUSE RD SUITE 400<br>ARLINGTON, VA 22201 |      |      |
| TITLE: DIRECTOR/CHAIRMAN  |      |      |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION:                       | 1.00 |      |
| COMPENSATION  |      | NONE |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                           |      | NONE |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES                              |      | NONE |
| OFFICER NAME: BRIAN MENKES  |      |      |
| ADDRESS: 1320 N COURTHOUSE RD SUITE 400 ARLINGTON, VA 22201       |      |      |
| TITLE:<br>SECRETARY   |      |      |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION:                       | 1.00 |      |
| COMPENSATION  |      | NONE |

| FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUS      |       |
|---|-------|
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                           | NONE  |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES                              | NONE  |
| OFFICER NAME:<br>DALE GIBBENS                                     |       |
| ADDRESS: 1320 N COURTHOUSE RD SUITE 400 ARLINGTON, VA 22201       |       |
| TITLE:<br>DIRECTOR  |       |
|   | 1 00  |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION:                       | 1.00  |
| COMPENSATION  | NONE  |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                           | NONE  |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES                              | NONE  |
| OFFICER NAME:<br>RYAN STOWERS                                     |       |
| ADDRESS:<br>1320 N COURTHOUSE RD SUITE 400<br>ARLINGTON, VA 22201 |       |
| TITLE: EXECUTIVE DIRECTOR   |       |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION:                       | 50.00 |

| FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTI | EES<br>=== |
|--|------------|
| COMPENSATION   | 367,889.   |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                        | 46,310.    |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES                           | NONE       |
| OFFICER NAME: KARA HARTNETT                                    |            |
| ADDRESS: 1320 N COURTHOUSE RD SUITE 400 ARLINGTON, VA 22201    |            |
| TITLE:<br>TREASURER  |            |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION:                    | 1.00       |
| COMPENSATION   | NONE       |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                        | NONE       |

EXPENSE ACCOUNT AND OTHER ALLOWANCES ........

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NONE

| FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUST |      |      |
|---|------|------|
| OFFICER NAME:<br>DAVE ROBERTSON                               |      |      |
| ADDRESS: 1320 N COURTHOUSE RD SUITE 400 ARLINGTON, VA 22201   |      |      |
| TITLE:<br>DIRECTOR  |      |      |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION:                   | 1.00 |      |
| COMPENSATION  |      | NONE |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                       |      | NONE |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES                          |      | NONE |
| OFFICER NAME:<br>BRIAN HOOKS                                  |      |      |
| ADDRESS: 1320 N COURTHOUSE RD SUITE 400 ARLINGTON, VA 22201   |      |      |
| TITLE:<br>DIRECTOR  |      |      |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION:                   | 1.00 |      |
| COMPENSATION  |      | NONE |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                       |      | NONE |

| FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES |          |
|--|----------|
| EXPENSE ACCOUNT AND OTHER ALLOWANCES                             | NONE     |
| OFFICER NAME:<br>JONATHAN FRANKLIN                               |          |
| ADDRESS: 1320 N COURTHOUSE RD SUITE 400 ARLINGTON, VA 22201      |          |
| TITLE:<br>COO  |          |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 50.00                | )        |
| COMPENSATION   | 211,984. |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                          | 34,865.  |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES                             | NONE     |
| TOTAL COMPENSATION:  | 579,873. |
| TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS:                   | 81,175.  |

EXPENSE ACCOUNT AND OTHER ALLOWANCES:

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NONE

STATEMENT 25

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| 990PF, PART VII - COMPENSATION OF THE FIVE HIGHEST PAID EMPL |          |
|--|----------|
| EMPLOYEE NAME:<br>CHARLES RUGER                              |          |
| ADDRESS: 1320 N COURTHOUSE RD SUITE 400 ARLINGTON, VA 22201  |          |
| TITLE:<br>VP, PHILANTHROPY                                   |          |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION:                  | 50.00    |
| COMPENSATION   | 218,776. |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                      | 6,419.   |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES                         | NONE     |
| EMPLOYEE NAME: BRETT HINKEY                                  |          |
| ADDRESS: 1320 N COURTHOUSE RD SUITE 400 ARLINGTON, VA 22201  |          |
| TITLE:<br>SR. PROGRAM OFFICER                                |          |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION:                  | 50.00    |
| COMPENSATION   | 237,589. |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                      | 42,443.  |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES                         | NONE     |

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| 990PF, PART VII - COMPENSATION OF THE FIVE HIGHEST PAID EMPL | OYEES<br>==== |
|--|---------------|
| EMPLOYEE NAME:<br>STEPHEN SWEET                              |               |
| ADDRESS: 1320 N COURTHOUSE RD SUITE 400 ARLINGTON, VA 22201  |               |
| TITLE: PROGRAM OFFICER                                       |               |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION:                  | 50.00         |
| COMPENSATION   | 182,766.      |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                      | 38,761.       |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES                         | NONE          |
| EMPLOYEE NAME: BRENNAN BROWN                                 |               |
| ADDRESS: 1320 N COURTHOUSE RD SUITE 400 ARLINGTON, VA 22201  |               |
| TITLE: DIRECTOR, HIGHER ED.                                  |               |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION:                  | 50.00         |
| COMPENSATION   | 212,052.      |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS                      | 42,214.       |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES                         | NONE          |

STATEMENT

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990PF, PART VII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES \_\_\_\_\_\_ EMPLOYEE NAME: KENNETH KNUEVEN ADDRESS: 1320 N COURTHOUSE RD SUITE 400 ARLINGTON, VA 22201 TITLE: SR. PROGRAM OFFICER AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 50.00 COMPENSATION ..... 198,911. CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ........ 36,066. EXPENSE ACCOUNT AND OTHER ALLOWANCES ...... NONE 1,050,094. TOTAL COMPENSATION: ========== TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: 165,903. =========

EXPENSE ACCOUNT AND OTHER ALLOWANCES:

STATEMENT 28

NONE

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990PF, PART VII-COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS \_\_\_\_\_\_ NAME: 1888 MANAGEMENT LLC ADDRESS: P.O. BOX 5004 WICHITA, KS 67201-5004 TYPE OF SERVICE: INVESTMENT MGMT SVCS COMPENSATION ...... 55,870. NAME: PRAIRIE CAPITAL MANAGEMENT LLC ADDRESS: 4900 MAIN ST, SUITE 700 KANSAS CITY, MO 64112 TYPE OF SERVICE: INVESTMENT MGMT SVCS COMPENSATION ..... 87,220. NAME: BKD, LLP ADDRESS: 1201 WALNUT ST, STE 1700 KANSAS CITY, MO 64106-2246 TYPE OF SERVICE: TAX RETURN PREP SVCS

50

76,576.

STATEMENT 29

COMPENSATION .....

990PF, PART VII-COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS \_\_\_\_\_\_ NAME: COMMON GROUP, LLC ADDRESS: 1853 WEBSTER ST SAN FRANCISCO, CA 94115 TYPE OF SERVICE: RESEARCH SERVICES 164,800. COMPENSATION ..... NAME: GSV SUMMIT, LLC ADDRESS: 875 N MICHIGAN AVENUE, SUITE 3520 CHICAGO, IL 60611 TYPE OF SERVICE: RESEARCH SERVICES COMPENSATION ..... 55,000.

TOTAL COMPENSATION:

STATEMENT 30

439,466.

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## FORM 990PF, PART XIV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

CHARLES KOCH FOUNDATION 1320 N. COURTHOUSE RD. SUITE 400 ARLINGTON, VA 22201 571-290-6811

## 990PF, PART XIV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

ORGANIZATIONS SEEKING GRANTS FROM THE FOUNDATION AND WHICH MEET THE CRITERIA LISTED IN THIS ATTACHMENT SHOULD SUBMIT A SHORT LETTER (NO MORE THAN THREE PAGES) OUTLINING THEIR REQUEST. THE LETTER SHOULD CLEARLY AND SUCCINCTLY STATE:

- 1. PROSPECTIVE GRANTEE'S MISSION AND GOALS;
- 2. SPECIFIC PROJECT FOR WHICH SUPPORT IS BEING SOUGHT;
- 3. AMOUNT OF FUNDING REQUESTED;
- 4. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS OF THE PRIMARY CONTACT PERSON; AND,
- 5.CURRENT ANNUAL BUDGET OR AUDITED FINANCIAL STATEMENTS
  IF APPLICABLE, PLEASE ALSO INCLUDE A LIST OF OTHER SUPPORT (E.G.,
  FUNDING, IN-KIND CONTRIBUTIONS) SECURED FOR THE PROJECT. BECAUSE THE
  FOUNDATION GENERALLY ONLY SUPPORTS SECTION 501(C)(3) PUBLIC
  CHARITIES, IT ALSO REQUIRES THAT YOU SUBMIT VERIFICATION FROM THE IRS
  THAT YOUR ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX AS A SECTION
  501(C)(3) ORGANIZATION AND IS CLASSIFIED AS A PUBLIC CHARITY UNDER
  SECTION 509(A) OF THE INTERNAL REVENUE CODE. THE FOUNDATION KINDLY
  REQUESTS THAT NO MATERIALS BEYOND WHAT ARE DESCRIBED ABOVE BE
  INCLUDED.

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990PF, PART XIV - SUBMISSION DEADLINES

NONE

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## 990PF, PART XIV - RESTRICTIONS OR LIMITATIONS ON AWARDS

THE CHARLES KOCH FOUNDATION SUPPORTS STUDENTS AND SCHOLARS PURSING RESEARCH AND EXPANDING EDUCATIONAL PROGRAMS THAT HELP PEOPLE REACH THEIR FULL POTENTIONAL THROUGH WORK ON POVERTY, IMMIGRATION, CRIMINAL JUSTICE REFORM, FREE EXPRESSION, AND OTHER CRITICAL ISSUES. THE FOUNDATION GENERALLY SUPPORTS ONLY INTERNAL REVENUE CODE SECTION 501(C)(3) NON-PROFIT PUBLIC CHARITIES AND UNIVERSITIES THAT ARE ORGANIZED AND OPERATED WITHIN THE UNITED STATES. GRANT REQUESTS FROM FOR-PROFIT CORPORATIONS WILL GENERALLY NOT BE CONSIDERED, AND REQUESTS FROM INDIVIDUALS WILL NOT BE CONSIDERED UNLESS PURSUANT TO AN IRS-APPROVED FOUNDATION INDIVIDUAL GRANT PROGRAM. THE FOUNDATION GENERALLY DOES NOT PROVIDE SUPPORT FOR OVERHEAD IN GRANTS MADE TO UNIVERSITIES, COLLEGES, AND OTHER SIMILAR INSTITUTIONS. OVERHEAD INCLUDES, BUT IS NOT LIMITED TO, INSUFFICIENTLY SPECIFIED AND/OR INSUFFICIENTLY DETAILED OVERHEAD COSTS (E.G., A REQUIREMENT THAT A FIXED PERCENTAGE OF A GRANT AMOUNT BE DEDICATED TO GRANT ADMINISTRATION.)

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: PADLA ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: HISPANIC SCHOLARSHIP FUND ADDRESS: 1411 W. 190TH STREET, SUITE 700 GARDENA, CA 90248 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 35

250,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SOUTHWEST BAPTIST UNIVERSITY ADDRESS: 1600 UNIVERSITY AVE BOLIVAR, MO 65613 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 11,000. RECIPIENT NAME: CALVO ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

AMOUNT OF GRANT PAID......

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3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: HORTON ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: SELANDER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 37

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: TUFTS UNIVERSITY ADDRESS: TRUSTEES OF TUFT COLLEGE, EATON HALL, 3RD FLOOR MEDFORD, MA 02155 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 428,596. RECIPIENT NAME: ROBINSON ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

3,510.

STATEMENT 38

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FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: ZOU ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: WINSTON-SALEM STATE UNIVERSITY ADDRESS: 601 MARTIN LUTHER KING JR DR WINSTON SALEM, NC 27110 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV

STATEMENT 39

650,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: ORTIZ-BLANES ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 16,000. RECIPIENT NAME: WESTERN KENTUCKY UNIVERSITY ADDRESS: 1906 COLLEGE HEIGHTS BLVD BOWLING GREEN, KY 42101 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 40

5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GULLETT ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: ST. JOHN'S UNIVERSITY ADDRESS: 8000 UTOPIA PKWY QUEENS, NY 11439 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 41

79,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SHUMAN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 19,000. RECIPIENT NAME: WESTERN GOVERNORS UNIVERSITY ADDRESS: 4001 SOUTH 700 EAST SALT LAKE CITY, UT 84107 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: SO I

STATEMENT 42

1,191,150.

16733H K932 V21-7.6F 85646 63

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CHENEY ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 11,000. RECIPIENT NAME: NEW CIVIL LIBERTIES ALLIANCE ADDRESS: 1225 19TH STREET NW, SUITE 450 WASHINGTON, DC 20036 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 43

15,418.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: WAKE FOREST UNIVERSITY ADDRESS: 1834 WAKE FOREST ROAD WINSTON SALEM, NC 27106 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 44,548. RECIPIENT NAME: GALINDO ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 44

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GEORGE MASON UNIVERSITY FOUNDATION ADDRESS: 4400 UNIVERSITY DR., MS 1A3 FAIRFAX, VA 22030-4444 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 14,880,000. RECIPIENT NAME: CLARK ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 45

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: JOHNSON ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 20,807. RECIPIENT NAME: UNIVERSITY OF TEXAS - AUSTIN ADDRESS: 1 UNIVERSITY STA AUSTIN, TX 78712 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV

STATEMENT 46

1,000,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: LATZER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 1,710. RECIPIENT NAME: CLEMSON UNIVERSITY ADDRESS: 201 SIKES HALL CLEMSON, SC 29634-1301 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV

STATEMENT 47

345,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: DEMELIS ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: WESTERN RESOURCES LEGAL CENTER ADDRESS: 5100 S.W. MACADAM AVENUE, SUITE 340 PORTLAND, OR 97239 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 48

444,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: PORTER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: LA SIERRA UNIVERSITY ADDRESS: 4500 RIVERWALK PKWY RIVERSIDE, CA 92515 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 49

19,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: MANN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES ADDRESS: 10920 WILTSHIRE BLVD STE 620 LOS ANGELES, CA 90024 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 50

5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: RUSSO ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: MINA ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 51

9,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: VOGT ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 37,000. RECIPIENT NAME: NARRATIVE 4, INC ADDRESS: 45 WEST 73RD STREET, SUITE 5 NEW YORK, NY 10023 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 52

16,308.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: KUDISCH ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 17,236. RECIPIENT NAME: TURNER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

AMOUNT OF GRANT PAID......

16733H K932 V21-7.6F 85646 74

13,600.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CARNEGIE ENDOWMENT FOR INTERNATIONAL PEACE ADDRESS: 1779 MASSACHUSETTS AVE, NW WASHINGTON, DC 20036 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 8,967. RECIPIENT NAME: TEXAS SOUTHERN UNIVERSITY FOUNDATION ADDRESS: 3100 CLEBURNE STREET HOUSTON, TX 77004 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 54

522,750.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: VACHAPARAMBIL ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: ZOUANTCHA ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 55

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: WESTERN MICHIGAN UNIVERSITY ADDRESS: 1903 W MICHIGAN AVE. KALAMAZOO, MI 49008-5330 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 107,056. RECIPIENT NAME: MANHATTAN INSTITUTE FOR POLICY RESEARCH ADDRESS: 52 VANDERBILT AVENUE, 3RD FLOOR NEW YORK, NY 10017 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

1,106.

STATEMENT 56

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: MUELLER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 15,400. RECIPIENT NAME: COLLEGE OF CHARLESTON FOUNDATION ADDRESS: 66 GEORGE STREET CHARLESTON, SC 29424 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 57

21,300.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SCHNEIDER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: BURMEISTER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 58

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF ALABAMA ADDRESS: TUSCALOOSA TUSCALOOSA, AL 35487 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 22,000. RECIPIENT NAME: BUECHLER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT:

I

STATEMENT 59

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: FLORIDA STATE UNIVERSITY FOUNDATION ADDRESS: 2010 LEVY AVENUE, PO BOX 3062739 TALLAHASSEE, FL 32306-2739 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 612,600. RECIPIENT NAME: SANTIAGO ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 60

1,710.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: LEHRER-SMALL ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 27,400. RECIPIENT NAME: HALLUM ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 61

14,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GUNTER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 17,992. RECIPIENT NAME: REGENT UNIVERSITY ADDRESS: 1000 REGENT UNIVERSITY DR VIRGINIA BEACH, VA 23464-9800 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 62

10,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF UTAH ADDRESS: 390 S. 1530 E. ROOM 502 SALT LAKE CITY, UT 84112 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 1,721,107. RECIPIENT NAME: BAYLOR UNIVERSITY ADDRESS: 1 BEAR PL WACO, TX 76798 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 63

495,250.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: HARVARD UNIVERSITY ADDRESS: PRESIDENT AND FELLOWS OF HARVARD COLLEGE, P.O BOX CAMBRIDGE, MA 02138-3001 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 1,538,366. RECIPIENT NAME: KABAMBI ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

3,019.

STATEMENT 64

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SOUTHERN METHODIST UNIVERSITY ADDRESS: 6425 BOAZ LN DALLAS, TX 75205 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 642,599. RECIPIENT NAME: ROCHESTER INSTITUTE OF TECHNOLOGY ADDRESS: ONE LOMB MEMORIAL DRIVE ROCHESTER, NY 14623 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID......

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99,095.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: THE PHOENIX ADDRESS: 2239 CHAMPA STREET DENVER, CO 80205 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 458. RECIPIENT NAME: SCALZO ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

3,510.

STATEMENT 66

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNC SCHOOL OF GOVERNMENT FOUNDATION ADDRESS: CB 3330 KNAPP-SANDERS BUILDING CHAPEL HILL, NC 27599 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 538,000. RECIPIENT NAME: AMERICAN COUNCIL OF TRUSTEES AND ALUMNI ADDRESS: 1726 M STREET NW, SUITE 802 WASHINGTON, DC 20036-4525 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID......

STATEMENT 67

4,769.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: ANTOSE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: CREIGHTON UNIVERSITY ADDRESS: 2500 CALIFORNIA PLZ OMAHA, NE 68178 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 68

192,600.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SHERMAN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 20,806. RECIPIENT NAME: UNIVERSITY OF ROCHESTER ADDRESS: 317 LATTIMORE HALL, PO BOX 270401 ROCHESTER, NY 14627-0401 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 69

22,600.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: WANG ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: THE HERITAGE FOUNDATION ADDRESS: 214 MASSACHUSETTS AVENUE NE WASHINGTON, DC 20002 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 70

15,244.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: FLORIDA STATE UNIVERSITY ADDRESS: 600 W. COLLEGE AVENUE TALLAHASSEE, FL 32306 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 40,000. RECIPIENT NAME: UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL ADDRESS: UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL CHAPEL HILL, NC 27599 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 71

1,767,851.

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FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: ST. ANSELM COLLEGE ADDRESS: 100 SAINT ANSELM DR MANCHESTER, NH 03102 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 143,673. RECIPIENT NAME: DAVIS ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 72

4,400.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: MENA ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 17,200. RECIPIENT NAME: RICE UNIVERSITY ADDRESS: PO BOX 1892 CTR MS-521 HOUSTON, TX 77251-1892 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 73

602,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GROVE CITY COLLEGE ADDRESS: 100 CAMPUS DR GROVE CITY, PA 16127 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 49,500. RECIPIENT NAME: MINA ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 74

9,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SAMFORD UNIVERSITY ADDRESS: 800 LAKESHORE DR BIRMINGHAM, AL 35229 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 20,000. RECIPIENT NAME: UNIVERSITY OF NEVADA, LAS VEGAS FOUNDATION ADDRESS: 4505 S MARYLAND PKWY, BOX 451006 LAS VEGAS, NV 89154-1006 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

69,700.

STATEMENT 75

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: NEW YORK UNIVERSITY ADDRESS: 19 W 4TH ST NEW YORK, NY 10012 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 3,735,281. RECIPIENT NAME: PUCCIARELLI ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID......

Ι

16733H K932

STATEMENT 76

V21-7.6F 85646

3,510.

97

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SKILLUP COALITION ADDRESS: 548 MARKET ST SAN FRANCISCO, CA 94104 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 5,000. RECIPIENT NAME: NATIONAL RIGHT TO WORK LEGAL DEFENSE AND EDUCATION ADDRESS: 8001 BRADDOCK ROAD, SUITE 600 SPRINGFIELD, VA 22150 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 77

12,875.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: FLORIDA ATLANTIC UNIVERSITY FOUNDATION ADDRESS: 777 GLADES RD BOCA RATON, FL 33431 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 26,000. RECIPIENT NAME: HART ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 78

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: PACIFIC RESEARCH INSTITUTE ADDRESS: ONE EMBARCADERO CENTER, SUITE 350 SAN FRANCISCO, CA 94111 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 3,500. RECIPIENT NAME: UNIVERSITY OF SOUTHERN CALIFORNIA ADDRESS: 3670 TROUSDALE PARKWAY STE 308 BRG HALL - 308 MC-0 LOS ANGELES, CA 90089-0071 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 79

2,107,425.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: PIATT ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: LAMADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 80

18,232.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CAIRN UNIVERSITY ADDRESS: 200 MANOR AVENUE LANGHORNE, PA 19047 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 60,000. RECIPIENT NAME: CASTILLO ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

3,510.

STATEMENT 81

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CLAREMONT GRADUATE UNIVERSITY ADDRESS: 150 E 10TH ST CLAREMONT, CA 91711 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 680,751. RECIPIENT NAME: SUBRAMANIAN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 82

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: PATEL ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: UNIVERSITY OF MARYLAND, COLLEGE PARK FOUNDATION ADDRESS: 403 CALVERT ROAD COLLEGE PARK, MD 20740 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 83

533,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF COLORADO - BOULDER ADDRESS: 1406 CARIA DR BOULDER, CO 80304-1521 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 649,318. RECIPIENT NAME: EMERGENT ORDER FOUNDATION, INC. ADDRESS: 4450 FRONTIER TRAIL AUSTIN, TX 78745 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID......

16733H K932 V21-7.6F 85646 105

17,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: ZHUANG ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: CHISENHALL ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 85

19,006.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: BRG INSTITUTE ADDRESS: 2200 POWELL STREET, SUITE 1200 EMERYVILLE, CA 94608 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 475,000. RECIPIENT NAME: METROPOLITAN STATE UNIVERSITY OF DENVER FOUNDATION ADDRESS: 1512 LARIMER STREET, SUITE 900, CAMPUS BOX 14, PO DENVER, CO 80217 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 86

10,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: PELOTON U ADDRESS: 500 EAST ST. JOHNS AVE. , SUITE 1460 AUSTIN, TX 78752 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 200,000. RECIPIENT NAME: UNIVERSITY OF KANSAS ADDRESS: 110 BURGE UNION 1601 IRVING HILL RD LAWRENCE, KS 66045 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 87

80,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: VIRGINIA TECH FOUNDATION ADDRESS: UNIVERSITY GATEWAY CENTER 902 PRICES FORK ROAD BLACKSBURG, VA 24601 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 259,604. RECIPIENT NAME: HAWAII PACIFIC UNIVERSITY ADDRESS: 1132 BISHOP ST STE 502 WAIPAHU, HI 96813 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 88

150,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: BILL OF RIGHTS INSTITUTE ADDRESS: 1310 NORTH COURTHOUSE ROAD, SUITE 620 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 200,000. RECIPIENT NAME: ROANOKE COLLEGE ADDRESS: 221 COLLEGE LN SALEM, VA 24153 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID......

16733H K932 V21-7.6F 85646 110

16,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: BARON ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: PRUDE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

AMOUNT OF GRANT PAID......

STATEMENT 90

19,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: TYNAN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: TO THE VILLAGE SQUARE INC ADDRESS: PO BOX 10352 TALLAHASSEE, FL 32302-2352 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 91

11,692.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: COASTAL EDUCATION FOUNDATION ADDRESS: PO BOX 261954 CONWAY, SC 29528 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 14,640. RECIPIENT NAME: TEXAS A&M FOUNDATION ADDRESS: 241 WISENBAKER ENGINEERING RESEARCH CTR COLLEGE STATION, TX 77843-3126 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 92

1,539,492.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF TEXAS - DALLAS ADDRESS: MAIL STATION SM31 RICHARDSON, TX 75083 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV AMOUNT OF GRANT PAID..... 100,000. RECIPIENT NAME: IOWA STATE UNIVERSITY FOUNDATION ADDRESS: 2229 LINCOLN WAY AMES, IA 50014-7164 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID......

STATEMENT 93

571,608.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CURRIKI ADDRESS: 20660 STEVENS CREEK BOULEVARD/332 CUPERTINO, CA 95014 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 200,000. RECIPIENT NAME: LEWIN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 94

16,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: NATIONAL ASSOCIATION OF CRIMINAL DEFENSE LAWYERS ADDRESS: 1660 L STREET NW, 12TH FLOOR WASHINGTON, DC 20036 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: NC. AMOUNT OF GRANT PAID..... 12,078. RECIPIENT NAME: CASTILLO ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 95

37,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GEORGE FOX UNIVERSITY ADDRESS: 414 N MERIDIAN ST NEWBERG, OR 97132-2697 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 40,110. RECIPIENT NAME: COLORADO STATE UNIVERSITY ADDRESS: FORT COLLINS FORT COLLINS, CO 80523 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID......

GOV

STATEMENT 96

55,200.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SOCIETY FOR HUMAN RESOURCE MANAGEMENT FOUNDATION ADDRESS: 1800 DUKE ST ALEXANDRIA, VA 22314 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 200,000. RECIPIENT NAME: AMERICAN COUNCIL ON EDUCATION ADDRESS: PO BOX 418762 BOSTON, MA 02241 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 97

407,671.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: AMERICAN INSTITUTE FOR ECONOMIC RESEARCH ADDRESS: 250 DIVISION STREET GREAT BARRINGTON, MA 01230 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 4,077. RECIPIENT NAME: ROSS ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

AMOUNT OF GRANT PAID......

STATEMENT 98

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF NEW HAVEN ADDRESS: 300 ORANGE AVE WEST HAVEN, CT 06516-1916 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 25,000. RECIPIENT NAME: HAMPDEN-SYDNEY COLLEGE ADDRESS: 1 COLLEGE ROAD HAMPDEN SYDNEY, VA 23943 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 99

23,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: INSTITUTE FOR SECURITY AND TECHNOLOGY, INC. ADDRESS: 5800 HARBORD DRIVE OAKLAND, CA 94611 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 5,754. RECIPIENT NAME: SMITH ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

AMOUNT OF GRANT PAID......

STATEMENT 100

15,712.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: MALONE UNIVERSITY ADDRESS: 2600 CLEVELAND AVE. NW CANTON, OH 44709 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 14,665. RECIPIENT NAME: MAMONE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 101

19,000.

16733H K932 V21-7.6F 85646 122

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: BOSTON UNIVERSITY ADDRESS: TRUSTEES OF BOSTON UNIVERSITY, 765 COMMONWEALTH AV BOSTON, MA 02215 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 28,000. RECIPIENT NAME: FERRIS STATE UNIVERSITY ADDRESS: 420 OAK ST #257 BIG RAPIDS, MI 49307 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID......

15,000.

STATEMENT 102

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: LINDENWOOD UNIVERSITY ADDRESS: 209 S. KINGSHIGHWAY ST. CHARLES, MO 63301 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 150,000. RECIPIENT NAME: MONTANA STATE UNIVERSITY ADDRESS: 307D LINFIELD HALL BOZEMAN, MT 59717-0292 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV

STATEMENT 103

809,025.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: INSTITUTE FOR HUMANE STUDIES ADDRESS: 3434 WASHINGTON BLVD. MS 1C5 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 4,580,000. RECIPIENT NAME: THURGOOD MARSHALL COLLEGE FUND ADDRESS: 901 F STREET NW, SUITE 300 WASHINGTON, DC 20004 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 104

724,635.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CHRISTOPHER NEWPORT UNIVERSITY EDUCATION FOUNDATIO ADDRESS: 1 AVENUE OF THE ARTS NEWPORT NEWS, VA 23606 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 40,000. RECIPIENT NAME: COLUMBIA UNIVERSITY ADDRESS: THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK, NY 10027 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 105

660,000.

16733H K932 V21-7.6F 85646 126

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF ARKANSAS ADDRESS: 318 OLD MAIN, UNIVERSITY OF ARKANSAS FAYETTEVILLE, AR 72701 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV AMOUNT OF GRANT PAID..... 34,315. RECIPIENT NAME: HESLOP ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

AMOUNT OF GRANT PAID......

3,510.

STATEMENT 106

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: LEE UNIVERSITY ADDRESS: 1120 N OCOEE ST CLEVELAND, TN 37320 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 24,715. RECIPIENT NAME: BETHEL UNIVERSITY - INDIANA ADDRESS: 1001 BETHEL CIR MISHAWAKA, IN 46545 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 107

12,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SHICK ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 23,860. RECIPIENT NAME: UNIVERSITY OF WISCONSIN FOUNDATION ADDRESS: 1848 UNIVERSITY AVENUE MADISON, WI 53726-4090 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 108

455,844.

16733H K932 V21-7.6F 85646 129

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: KALUWASHA ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,019. RECIPIENT NAME: BOWLING GREEN STATE UNIVERSITY ADDRESS: 333 SHATZEL HALL BOWLING GREEN, OH 43403-0001 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV

STATEMENT 109

295,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GLOBAL CYBER ALLIANCE ADDRESS: 31 TECH VALLEY DRIVE EAST GREENBUSH, NY 12061 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 5,250. RECIPIENT NAME: UNIVERSITY OF WYOMING FOUNDATION ADDRESS: 222 SOUTH 22ND ST. LARAMIE, WY 82070 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 110

250,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: FEWELL ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: PANOO ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

AMOUNT OF GRANT PAID......

STATEMENT 111

19,006.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: EDUCATION DESIGN LAB ADDRESS: 1200 18TH ST NW, SUITE 710 WASHINGTON, DC 20036 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 1,000,000. RECIPIENT NAME: CARDINAL INSTITUTE FOR WEST VIRGINIA POLICY ADDRESS: P.O. BOX 11495, CHARLESTON, WV 25339 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 112

875.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: REASON FOUNDATION ADDRESS: 5737 MESMER AVENUE, LOS ANGELES, CA 90230 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 4,038. RECIPIENT NAME: KEISER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 113

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: BRIGID'S PATH ADDRESS: 3601 SOUTH DIXIE DRIVE KETTERING, OH 45439 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 14,846. RECIPIENT NAME: UNIVERSITY OF CALIFORNIA - BERKELEY ADDRESS: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, BERKE BERKELEY, CA 94720 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 114

180,058.

16733H K932 V21-7.6F 85646 135

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CEDARVILLE UNIVERSITY ADDRESS: 251 N. MAIN ST. CEDARVILLE, OH 45314 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 21,000. RECIPIENT NAME: KINGSTON ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 115

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF MISSOURI - COLUMBIA ADDRESS: COLUMBIA COLUMBIA, MO 65211 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV AMOUNT OF GRANT PAID..... 8,000. RECIPIENT NAME: COMPETITIVE ENTERPRISE INSTITUTE ADDRESS: 1310 L STREET, NW, 7TH FLOOR WASHINGTON, DC 20005 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

2,150.

STATEMENT 116

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: BEYELER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 13,000. RECIPIENT NAME: DECESARE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 117

1,710.

16733H K932 V21-7.6F 85646 138

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: ENSTROM ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: GIOTIS ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 118

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: XAVIER UNIVERSITY ADDRESS: 3800 VICTORY PKWY CINCINNATI, OH 45207 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 100,000. RECIPIENT NAME: SHRODE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 119

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GUSHIKEN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: TREIBITZ ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 120

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CHAPMAN UNIVERSITY ADDRESS: 1 UNIVERSITY DR ORANGE, CA 92866 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 435,654. RECIPIENT NAME: SABELLA ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 121

17,950.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF CINCINNATI ADDRESS: PO BOX 210641 CINCINNATI, OH 45221 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV AMOUNT OF GRANT PAID..... 10,000. RECIPIENT NAME: BETHUNE-COOKMAN UNIVERSITY ADDRESS: 640 DR MARY MCLEOD BETHUNE BLVD DAYTONA BEACH, FL 32114 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 122

79,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: BATARNI ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 1,710. RECIPIENT NAME: GEORGETOWN UNIVERSITY ADDRESS: 37TH AND O ST NW WASHINGTON, DC 20057 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

635,000.

STATEMENT 123

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: HUGO ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 42,000. RECIPIENT NAME: JOHNS HOPKINS UNIVERSITY ADDRESS: 347 GILMAN HALL BALTIMORE, MD 21218 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 124

524,416.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: VILLANOVA UNIVERSITY ADDRESS: 800 LANCASTER AVENUE VILLANOVA, PA 19085-1699 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 290,956. RECIPIENT NAME: SANTA CLARA UNIVERSITY ADDRESS: 500 EL CAM REAL SANTA CLARA, CA 95053-0385 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

131,000.

STATEMENT 125

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: EURASIA GROUP FOUNDATION ADDRESS: 500 MARQUETTE NW SUITE 1200 ALBUQUERQUE, NM 87102 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 5,750. RECIPIENT NAME: LOYOLA UNIVERSITY - NEW ORLEANS ADDRESS: 6363 ST CHARLES AVE NEW ORLEANS, LA 70118 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 126

17,200.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: LOUISIANA STATE UNIVERSITY FOUNDATION ADDRESS: 3838 WEST LAKESHORE DRIVE BATON ROUGE, LA 70808 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 572,175. RECIPIENT NAME: SMITH ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 127

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF SAN DIEGO ADDRESS: 5998 ALCAL PARK SAN DIEGO, CA 92110 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 87,750. RECIPIENT NAME: GEORGE WASHINGTON UNIVERSITY ADDRESS: 1957 E STREET NW WASHINGTON, DC 20052 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 128

500,328.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: NICKLIN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: CENTER FOR GROWTH AND OPPORTUNITY ADDRESS: 3525 OLD MAIN HALL LOGAN, UT 84322 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 129

9,173.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GEORGIA TECH FOUNDATION ADDRESS: 760 SPRING STREET NW, SUITE 400 ATLANTA, GA 30308 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 360,112. RECIPIENT NAME: RAMAKRISHNA ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

1,710.

STATEMENT 130

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: PANG ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: AZUSA PACIFIC UNIVERSITY ADDRESS: 901 E ALOSTA AVE, PO BOX 7000 AZUSA, CA 91702-7000 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

22,000.

STATEMENT 131

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: NATIONAL ASSOCIATION OF SYSTEM HEADS ADDRESS: 3300 METZEROTT RD ADELPHI, MD 20783 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 600,000. RECIPIENT NAME: AMERICAN CONSUMER INSTITUTE ADDRESS: P.O. BOX 2161 RESTON, VA 20195 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

6,523.

STATEMENT 132

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: CATO INSTITUTE ADDRESS: 1000 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20001 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 54,292. RECIPIENT NAME: GEORGE MASON UNIVERSITY FOUNDATION ADDRESS: 4400 UNIVERSITY DRIVE MS 2E1 FAIRFAX, VA 22030 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 133

112,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: THINK FREELY MEDIA ADDRESS: 190 S. LASALLE ST, SUITE 1500 CHICAGO, IL 60603 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 18,385. RECIPIENT NAME: COHEN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 134

14,800.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: DUKE UNIVERSITY ADDRESS: 81 BEVERLY DR DURHAM, NC 27707 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 996,750. RECIPIENT NAME: UNIVERSITY OF NOTRE DAME ADDRESS: 725 GRACE HALL NOTRE DAME, IN 46556 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV

AMOUNT OF GRANT PAID......

16733H K932

STATEMENT 135

584,075.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: TECHFREEDOM ADDRESS: 110 MARYLAND AVE NE STE 409 WASHINGTON, DC 20002 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 23,038. RECIPIENT NAME: CORNELL UNIVERSITY ADDRESS: 377 PINE TREE ROAD ITHACA, NY 14850 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 136

787,400.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: TEXAS TECH FOUNDATION ADDRESS: OFFICE OF CORPORATIONS AND FOUNDATIONS, PO BOX 450 LUBBOCK, TX 79409-5025 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 5,450. RECIPIENT NAME: DARTMOUTH COLLEGE ADDRESS: DARTMOUTH COLLEGE HANOVER, NH 03755 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV

STATEMENT 137

47,850.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF FLORIDA FOUNDATION ADDRESS: PO BOX 14425 GAINESVILLE, FL 32604 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 1,200,000. RECIPIENT NAME: GUO ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 138

1,710.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GUTIERREZ ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: CENTER FOR THE NATIONAL INTEREST ADDRESS: 1025 CONNECTICUT AVENUE, NW, SUITE 1200 WASHINGTON, DC 20036 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

19,173.

STATEMENT 139

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GREER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: UNIVERSITY OF GEORGIA FOUNDATION ADDRESS: MILLEDGE CENTRE, SUITE 100394, SOUTH MILLEDGE AVE. ATHENS, GA 30602 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC 75,000.

STATEMENT 140

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF CHICAGO ADDRESS: 1643 W. BERWYN CHICAGO, IL 60640 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 433,500. RECIPIENT NAME: STEPPE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 141

16,666.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: THREAD, INC. ADDRESS: P.O. BOX 1584 BALTIMORE, MD 21203 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 3,144. RECIPIENT NAME: BLACKBURN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

1,710.

STATEMENT 142

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: AMERICAN LEGISLATIVE EXCHANGE COUNCIL ADDRESS: 2900 CRYSTAL DR, SUITE 600 ARLINGTON, VA 22202 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 13,750. RECIPIENT NAME: HAYES ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 143

41,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: DAKOTA WESLEYAN UNIVERSITY ADDRESS: 1200 W UNIVERSITY AVE MITCHELL, SD 57301 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 30,000. RECIPIENT NAME: COLLEGE BOUND DORCHESTER INC ADDRESS: 222 BOWDOIN ST DORCHESTER, MA 02122 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 144

2,298.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: STATE POLICY NETWORK ADDRESS: 1655 NORTH FORT MEYER DRIVE ARLINGTON, VA 22209 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 4,827. RECIPIENT NAME: PANANJADY ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 145

25,600.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: THE LAST MILE ADDRESS: 717 MARKET STREET, SUITE 100 SAN FRANCISCO, CA 94103 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 4,152. RECIPIENT NAME: SHELTON ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 146

3,510.

16733H K932 V21-7.6F 85646 167

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: TOMCZUK ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 19,000. RECIPIENT NAME: PURDUE UNIVERSITY ADDRESS: 610 PURDUE MALL WEST LAFAYETTE, IN 47907 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV

STATEMENT 147

1,000,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: YOON-HENDRICKS ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 27,400. RECIPIENT NAME: ALBARGHOUTHI ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 148

34,500.

16733H K932 V21-7.6F 85646 169

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SKILLUP COALITION ADDRESS: 55 22N ST FL 25 SAN FRANCISCO, CA 94105 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 1,420,000. RECIPIENT NAME: CORN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 149

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: PURDUE RESEARCH FOUNDATION ADDRESS: 1281 WIN HENTSCHEL BLVD WEST LAFAYETTE, IN 47906 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 400,000. RECIPIENT NAME: RICE UNIVERSITY ADDRESS: 6100 MAIN STREET MS-375 HOUSTON, TX 77005 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 150

9,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GOURLEY ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: LAGUERRE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 151

36,402.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: BRADY ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: LAWFARE INSTITUTE ADDRESS: 4401 BRANDYWINE ST NW WASHINGTON, DC 20016 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 152

7,250.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: U.S. CHAMBER OF COMMERCE FOUNDATION ADDRESS: 1615 H ST NW WASHINGTON, DC 20062 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 817,500. RECIPIENT NAME: BURDEN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 153

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SMALLS ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 23,200. RECIPIENT NAME: WEST POINT ASSOCIATION OF GRADUATES ADDRESS: 698 MILLS ROAD WEST POINT, NY 10996 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

15,000.

STATEMENT 154

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: VALVERDE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 19,780. RECIPIENT NAME: TUNE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 155

1,710.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: BARNETT ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 16,000. RECIPIENT NAME: UNITED NEGRO COLLEGE FUND ADDRESS: 1805 7TH ST. NW WASHINGTON, DC 20001 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 156

819,558.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: HARRISON ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 1,710. RECIPIENT NAME: RYAN FOUNDATION ADDRESS: 805 BROWER RD WAYNE, PA 19087 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 157

15,000.

16733H K932 V21-7.6F 85646 178

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: BARTSCH ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: PAPENFUSS ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 158

1,710.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: OTTAWA UNIVERSITY ADDRESS: LAWRENCE LAWRENCE, KS 66067 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 87,000. RECIPIENT NAME: NORTH DAKOTA STATE UNIVERSITY FOUNDATION AND ALUMN ADDRESS: 1241 NORTH UNIVERSITY DRIVE FARGO, ND 58102 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: РC

STATEMENT 159

242,163.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SYRACUSE UNIVERSITY ADDRESS: CENTER FOR POLICY RESEARCH, 426 EGGERS HALL SYRACUSE, NY 13244 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 106,453. RECIPIENT NAME: LAKE FOREST COLLEGE ADDRESS: 555 N SHERIDAN RD LAKE FOREST, IL 60045 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 160

18,125.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: KENNESAW STATE UNIVERSITY FOUNDATION, INC. ADDRESS: 3391 TOWN POINT DRIVE STE 4530/MAIL DROP 9101 KENNESAW, GA 30144 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 958,667. RECIPIENT NAME: BRIDGEWATER STATE UNIVERSITY FOUNDATION ADDRESS: BRIDGEWATER STATE UNIVERSITY FOUNDATION, PO BOX 42 BRIDGEWATER, MA 02324 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 161

12,500.

16733H K932 V21-7.6F 85646 182

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF NEW ORLEANS FOUNDATION ADDRESS: 2021 LAKESHORE DRIVE, SUITE 420 NEW ORLEANS, LA 70122 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 476,500. RECIPIENT NAME: SCHOLARS AT RISK NETWORK ADDRESS: 411 LAFAYETTE ST, 3RD FLOOR NEW YORK, NY 10003 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 162

300,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: COLLEGE OF THE HOLY CROSS ADDRESS: 1 COLLEGE ST WORCESTER, MA 01610 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 20,000. RECIPIENT NAME: FAJARDO ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 163

1,710.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: KESSLER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: HOOLEY ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

3,510.

STATEMENT 164

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: KARACOSTAS ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 17,200. RECIPIENT NAME: SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION ADDRESS: 5250 CAMPANILE DRIVE SAN DIEGO, CA 92182 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: SO III FI

STATEMENT 165

497,415.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: STANFORD UNIVERSITY ADDRESS: 450 SERRA MALL STANFORD, CA 94305 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 1,186,772. RECIPIENT NAME: BERCAW ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 166

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: HAY ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: UNIVERSITY OF MINNESOTA ADDRESS: 101 RAPSON HALL, 89 CHURCH ST SE MINNEAPOLIS, MN 55455 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV

STATEMENT 167

234,467.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SCHECK ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: AMERICAN UNIVERSITY ADDRESS: 4400 MASSACHUSETTS AVE NW WASHINGTON, DC 20016 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 168

8,000.

16733H K932 V21-7.6F 85646 189

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: TURAY ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: MALCOM ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 169

11,600.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: NORTH CAROLINA STATE UNIVERSITY ADDRESS: 2801 FOUNDERS DR 4102 NELSON HALL RALEIGH, NC 27695-7229 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV AMOUNT OF GRANT PAID..... 140,000. RECIPIENT NAME: DEFENSE PRIORITIES FOUNDATION ADDRESS: 1 THOMAS CIRCLE NW, SUITE 700 WASHINGTON, DC 20005 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

24,000.

STATEMENT 170

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: NACDL FOUNDATION FOR CRIMINAL JUSTICE ADDRESS: 1660 L STREET, NW, 12TH FLOOR WASHINGTON, DC 20036 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 14,000. RECIPIENT NAME: TEL FOUNDATION (TRUTH, ENTERPRISE, LIBERTY FOUNDAT ADDRESS: 2602 S SHINNERY OAK COURT STILLWATER, OK 74074 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 171

13,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: ARMSTRONG ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: ST. FRANCIS UNIVERSITY ADDRESS: P.O. BOX 600 LORETTO, PA 15940 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 172

15,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: LET GROW ADDRESS: LET GROW, INC., 228 PARK AVE S, SUITE 77212 NEW YORK, NY 10003 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 250,000. RECIPIENT NAME: MIDDLE TENNESSEE STATE UNIVERSITY FOUNDATION ADDRESS: WOOD-STEGALL CENTER, BOX 109 MURFREESBORO, TN 37132 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 173

749,791.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: EMBRY-RIDDLE AERONAUTICAL UNIVERSITY ADDRESS: DAYTONA BEACH DAYTONA BEACH, FL 32114 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 11,156. RECIPIENT NAME: REACH UNIVERSITY ADDRESS: 1221 PRESERVATION PARK WAY OAKLAND, CA 94612 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 174

500,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: NORTHEASTERN UNIVERSITY ADDRESS: 360 HUNTINGTON AVE BOSTON, MA 02115 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 71,080. RECIPIENT NAME: OHIO STATE UNIVERSITY FOUNDATION ADDRESS: 1480 WEST LANE AVENUE COLUMBUS, OH 43221 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 175

928,600.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: FOURNET ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: SANDERS ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

AMOUNT OF GRANT PAID......

16733H K932

STATEMENT 176

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: AMERICAN CONSERVATIVE UNION FOUNDATION ADDRESS: 1199 N FAIRFAX STREET, SUITE 500 ALEXANDRIA, VA 22314 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 5,038. RECIPIENT NAME: INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION D ADDRESS: 700 K ST NW, SUITE 600 WASHINGTON, DC 20001 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 177

3,600.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: JOHN QUINCY ADAMS SOCIETY ADDRESS: 1320 N COURTHOUSE ROAD, SUITE 500 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 10,625. RECIPIENT NAME: CATHOLIC UNIVERSITY OF AMERICA ADDRESS: 620 MICHIGAN AVE NE WASHINGTON, DC 20064 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 178

3,965,895.

16733H K932 V21-7.6F 85646 199

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: DIO ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 1,710. RECIPIENT NAME: WICHITA STATE UNIVERSITY FOUNDATION ADDRESS: 1845 N FAIRMOUNT CAMPUS, BOX 2 WICHITA, KS 67260 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 179

1,000,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: INDIANA UNIVERSITY FOUNDATION ADDRESS: 301 UNIVERSITY BOULEVARD, SUITE 1031 INDIANAPOLIS, IN 46202 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 1,016,119. RECIPIENT NAME: WEST TEXAS A&M UNIVERSITY ADDRESS: 2501 4TH AVENUE CANYON, TX 79016 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV

STATEMENT 180

13,000.

16733H K932 V21-7.6F 85646 201

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: HILLSDALE COLLEGE ADDRESS: 33 E COLLEGE ST HILLSDALE, MI 49242 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 55,000. RECIPIENT NAME: BELLAMY-WALKER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 181

19,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF LOUISVILLE FOUNDATION ADDRESS: 215 CENTRAL AVENUE, SUITE 212 LOUISVILLE, KY 40208 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 15,000. RECIPIENT NAME: GEORGE MASON UNIVERSITY ADDRESS: 4400 UNIVERSITY DR FAIRFAX, VA 22030 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 182

1,120,800.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: VERVAEKE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 9,800. RECIPIENT NAME: NORTH PARK UNIVERSITY ADDRESS: 3225 WEST FOSTER AVE. CHICAGO, IL 60625 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

21,000.

STATEMENT 183

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: DOMANGUE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 10,720. RECIPIENT NAME: HEIMOWITZ ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 184

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNITED STATES MILITARY ACADEMY ADDRESS: 606 THAYER RD WEST POINT, NY 10996 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 15,000. RECIPIENT NAME: SCAVONE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 185

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: COUNCIL ON ADULT AND EXPERIENTIAL LEARNING ADDRESS: 10 WEST MARKET STREET INDIANAPOLIS, IN 46204 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 175,490. RECIPIENT NAME: UNIVERSITY OF PITTSBURGH ADDRESS: PITTSBURGH PITTSBURGH, PA 15260 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 186

1,188,333.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: WEST VIRGINIA UNIVERSITY FOUNDATION ADDRESS: 1 WATERFRONT PL - 7TH FLOOR, PO BOX 1650 MORGANTOWN, WV 26507 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 342,400. RECIPIENT NAME: ALBANY STATE UNIVERSITY ADDRESS: 504 COLLEGE DR. ALBANY, GA 31705 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV

STATEMENT 187

55,300.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: QUINCY INSTITUTE FOR RESPONSIBLE STATECRAFT ADDRESS: 2000 PENNSYLVANIA AVE NW, #7000 WASHINGTON, DC 20006 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 14,368. RECIPIENT NAME: UNIVERSITY OF CALIFORNIA - SAN DIEGO ADDRESS: 9500 GILMAN DR LA JOLLA, CA 92093 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 188

544,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: ATLAS NETWORK ADDRESS: 1201 L STREET NW, 2ND FLOOR WASHINGTON, DC 20005 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 8,358. RECIPIENT NAME: WEAVER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 189

42,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: THE GEORGE WASHINGTON UNIVERSITY ADDRESS: C/O TAX DEPARTMENT 45155 RESEARCH PLACE, STE 260 ASHBURN, VA 20147 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 26,713. RECIPIENT NAME: ARIZONA STATE UNIVERSITY FOUNDATION ADDRESS: 300 E. UNIVERSITY DR. TEMPE, AZ 85281 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 190

3,913,152.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: PACIFIC LEGAL FOUNDATION ADDRESS: 930 G STREET SACRAMENTO, CA 95814 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 12,538. RECIPIENT NAME: MENJIVAR ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 191

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: MORGAN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 18,833. RECIPIENT NAME: HOUSER ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

STATEMENT 192

3,510.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: NORTHERN KENTUCKY UNIVERSITY FOUNDATION ADDRESS: 100 NUNN DRIVE LAC SUITE 822 HIGHLAND HEIGHTS, KY 41099 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 34,000. RECIPIENT NAME: UNIVERSITY OF NEBRASKA FOUNDATION ADDRESS: 1010 LINCOLN MALL LINCOLN, NE 68508 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 193

284,122.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: VANDENBOOM ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 11,000. RECIPIENT NAME: UNIVERSITY OF PENNSYLVANIA ADDRESS: 3451 WALNUT ST WYNNEWOOD, PA 19104 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 194

526,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: PRINCETON UNIVERSITY ADDRESS: 244 CORWIN HALL PRINCETON, NJ 08544 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV AMOUNT OF GRANT PAID..... 5,000. RECIPIENT NAME: STUDENTS FOR LIBERTY ADDRESS: 1101 17TH STREET NW, SUITE 810 WASHINGTON, DC 20036 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT:

PC

STATEMENT 195

1,231.

16733H K932 V21-7.6F 85646 216

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GROM ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 31,000. RECIPIENT NAME: WASHINGTON COLLEGE ADDRESS: 300 WASHINGTON AVE CHESTERTOWN, MD 21620 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 196

35,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF ARIZONA ADDRESS: PHILOSOPHY DEPARTMENT TUCSON, AZ 85721 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV AMOUNT OF GRANT PAID..... 71,226. RECIPIENT NAME: ROWE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 197

20,800.

16733H K932 V21-7.6F 85646 218

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: TROY UNIVERSITY FOUNDATION ADDRESS: 1120 US HWY 231 TROY, AL 36082 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 170,000. RECIPIENT NAME: UTAH STATE UNIVERSITY ADDRESS: 1400 OLD MAIN HL LOGAN, UT 84322-1400 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 198

2,599,766.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: RUTGERS UNIVERSITY - NEW BRUNSWICK ADDRESS: 111 VAN DYCK HALL 16 SEMINARY PL NEW BRUNSWICK, NJ 08901 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV AMOUNT OF GRANT PAID..... 116,376. RECIPIENT NAME: YOUNG VOICES ADDRESS: 220 ALLISON ST NW, APT 105 WASHINGTON, DC 20011 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 199

4,269.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: PRINCE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 1,710. RECIPIENT NAME: R STREET INSTITUTE ADDRESS: 1050 17TH STREET NW, SUITE 1150 WASHINGTON, DC 20036 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 200

25,508.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: NANDY ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 1,710. RECIPIENT NAME: INTERNATIONAL CENTER FOR LAW & ECONOMICS ADDRESS: 1104 NW 15TH AVE NO. 300 PORTLAND, OR 97209 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 201

5,865.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: TERUYA ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 23,800. RECIPIENT NAME: HANSEN ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 202

1,710.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: DC WITNESS ADDRESS: 1414 44TH STREET NW WASHINGTON, DC 20007 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 7,025. RECIPIENT NAME: SAVCHENKO ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 203

38,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SUSQUEHANNA UNIVERSITY ADDRESS: 514 UNIVERSITY AVENUE SELINSGROVE, PA 17870 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 8,100. RECIPIENT NAME: LYSIK ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 204

23,200.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNIVERSITY OF CENTRAL ARKANSAS FOUNDATION ADDRESS: UCA BOX 4986 CONWAY, AR 72035-4986 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 515,180. RECIPIENT NAME: NESS ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: I

STATEMENT 205

1,710.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: BALL STATE UNIVERSITY FOUNDATION ADDRESS: 2800 W BETHEL AVE MUNCIE, IN 47304 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 664,625. RECIPIENT NAME: BLADE ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Ι

AMOUNT OF GRANT PAID......

STATEMENT 206

19,600.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: MAKE SAFE TECH ADDRESS: 1003 HARVEY RD, SUITE 200 COLLEGE STATION, TX 77840 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 6,000. RECIPIENT NAME: CLEMSON UNIVERSITY FOUNDATION ADDRESS: 329 SIRRINE HALL CLEMSON, SC 29634 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 207

674,000.

16733H K932 V21-7.6F 85646 228

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: GIOVANETTI ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: MIKEROWEWORKS FOUNDATION ADDRESS: 1207 4TH ST. PH1 SANTA MONICA, CA 90401 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 208

50,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: FOUNDATION FOR ECONOMIC EDUCATION ADDRESS: 1819 PEACHTREE RD. NE, SUITE 300 ATLANTA, GA 30309 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 205,000. RECIPIENT NAME: HARMEL ACADEMY OF THE TRADES ADDRESS: 9112 FIVE MILE NE ADA, MI 49301 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 209

200,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: DORNBUSH ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 1,710. RECIPIENT NAME: STREETWISE PARTNERS ADDRESS: 222 BROADWAY, 19TH FLOOR NEW YORK, NY 10038 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 210

1,788.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: 1889 INSTITUTE ADDRESS: 2602 S SHINNERY OAK CT STILLWATER, OK 74074 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 696,000. RECIPIENT NAME: MASSACHUSETTS INSTITUTE OF TECHNOLOGY ADDRESS: 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

STATEMENT 211

403,370.

16733H K932 V21-7.6F 85646 232

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: KAROLEWICZ ADDRESS: 1320 N. COURTHOUSE RD. STE 400 ARLINGTON, VA 22201 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL PROGRAMS FOUNDATION STATUS OF RECIPIENT: Т AMOUNT OF GRANT PAID..... 3,510. RECIPIENT NAME: UNIVERSITY OF BIRMINGHAM ADDRESS: EDGBASTON BIRMINGHAM, UK 2TT RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: NC

50,000.

STATEMENT 212

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: MCGILL UNIVERSITY ADDRESS: 855 SHERBROOKE ST W MONTREAL QUEBEC, CA H3A2T7 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 154,180.

TOTAL GRANTS PAID:

92,988,357.

STATEMENT 213

==========

16733H K932 V21-7.6F 85646 234

FORM 990PF, PART XIV, LINE 3B - CONTRIBUTIONS, GIFTS, GRANTS APPROVED

RECIPIENT NAME:
 INSTITUTE FOR HUMANE STUDIES
ADDRESS:
 3434 WASHINGTON BLVD MS 1C5
 ALRINGTON, VA 22201
RELATIONSHIP:
 NONE

PURPOSE OF GRANT:
 GENERAL OPERATING SUPPORT

FOUNDATION STATUS OF RECIPIENT:
 PC

AMOUNT APPROVED FOR FUTURE PAYMENT 5,500,000.

TOTAL GRANTS APPROVED:

AMOUNT OF ACCRUED GRANT ..... 5,500,000.

16733H K932 V21-7.6F 85646 235

5,500,000.

**Charles Koch Foundation** 

(EIN:48-0918408)

Form 990-PF

Part XII, Line 7, column (a)

## Election under Treasury Regulation Section 53.4942(a)-3(c)(2)(iv)

In order to satisfy the distribution requirements and qualify as a "conduit foundation" within the meaning of section 170(b)(1)(F)(ii) of the Internal Revenue Code (the "Code") and Treasury regulation § 1.170A-9(h)(1), Charles Koch Foundation (the "Foundation") hereby elects to treat the amount listed on Part XII, line 7, column (a) (\$52,318,418) of the Foundation's Form 990-PF for the year ending December 31, 2021 as the minimum amount that would be necessary to satisfy the conduit foundation distribution requirements of Code section 170(b)(1)(F)(ii) and Treasury regulation § 1.170A-9(h)(1) for such year, as follows:

In accordance with Treasury regulation § 53.4942(a)-3(c)(2)(iv), the Foundation hereby elects to treat as current distributions out of corpus \$52,318,418 of its excess qualifying distribution carryover from certain eligible prior years, as listed on lines 3.a. and 3.b. of the Foundation's Form 990-PF. In more particular, subject to the following paragraph, the Foundation elects to treat as a current distribution out of corpus (i) \$50,983,034 of its excess qualifying distributions carryover from its taxable year ending December 31, 2016 (as listed on line 3a) and (ii) \$1,335,384 of its excess qualifying distributions carryover from its taxable year ending December 31, 2017 (as listed on line 3b) (collectively, the "Prior Years' Excess Distributions"). In accordance with Treasury regulation § 53.4942(a)-3(c)(2)(iv), such Prior Years' Excess Distributions (i) were treated under Treasury regulation § 53.4942(a)-3(d)(1)(iii) as distributions out of corpus on the Foundation's Form 990-PF for such years, (ii) have not been availed of by the Foundation for any other purpose, (iii) occurred within the preceding 5 years of the Foundation's taxable year ending December 31, 2021, and (iv) will not later be availed of by the Foundation for any other purpose.

The Foundation believes that the amount covered by this election is \$52,318,418, but if it is later determined that the distribution of another amount is the minimum amount necessary to satisfy the conduit foundation distribution requirements of Code section 170(b)(1)(F)(ii) and Treasury regulation § 1.170A-9(h)(1) for such year, then this election shall serve as notice and be deemed to cover such different amount, with such amount comprised of the Foundation's excess distributions carryover applied in chronological order starting with the earliest eligible year.

For the year ending December 31, 2021, the Foundation qualifies as, and hereby elects to be treated as, a "conduit foundation" within the meaning of Code section 170(b)(1)(F)(ii) and Treasury regulation § 1.170A-9(h)(1) because (i) including the distributions referred to above, within two months and fifteen days of its year end, the Foundation made qualifying distributions within the meaning of Code section 4942(g), which were treated as distributions out of corpus in accordance with Code section 4942(h) and are equal to one-hundred percent of the \$52,318,418

# Statement 215

contributions received by the Foundation during the year ending December 31, 2021, and (ii) the Foundation had no remaining undistributed income as of December 31, 2021.

Charles Koch Foundation

By:

Brian Menkes

General Counsel & Secretary

**EXTENSION GRANTED Exempt Organization Business Income Tax Return** Form **990-T** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning 01/01, 2021, and ending 12/31, 2021 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if Name of organization ( Check box if name changed and see instructions.) address changed CHARLES KOCH FOUNDATION 48-0918408 **Print** Group exemption number **B** Exempt under section Number, street, and room or suite no. If a P.O. box, see instructions. or (see instructions) X = 501(C)(3)1320 N COURTHOUSE RD STE 400 Type City or town, state or province, country, and ZIP or foreign postal code 408(e) 220(e) Check box if ARLINGTON, VA 22201 408A 530(a) an amended return Book value of all assets at end of year <u>....</u>▶813753220 529(a) 529A **G** Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation The books are in care of ► KARA HARTNETT Telephone number ▶ 571-290-6811 1320 N COURTHOUSE RD, STE 300 ARLINGTON, VA 22201 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see 2,167,590. instructions) 1 Reserved 2 2,167,590. 3 Add lines 1 and 2 3 Charitable contributions (see instructions for limitation rules) . . . . . . . . . . . . SEE STATEMENT. 1 4 216,759. 5 950,831 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 Deduction for net operating loss. See instructions. 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 Subtract line 6 from line 5 7 1,950,831. 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000. Trusts. Section 199A deduction. See instructions 9 9 1,000. 10 Total deductions. Add lines 8 and 9 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 1,949,831. Part | Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 409,465. 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) Part I, line 11 from: 2 3 Proxy tax. See instructions 3 4 Other tax amounts. See instructions 4 5 Alternative minimum tax (trusts only) 5 Tax on noncompliant facility income. See instructions 6 6

For Paperwork Reduction Act Notice, see instructions.

409,465

Form **990-T** (2021)

7

DocuSign Envelope ID: 83F576D2-8859-4001-A24E-648E0DECA742 Form 990-T (2021) 48-0918408 Part III Tax and Payments 1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). . . . . 1a 1b c General business credit. Attach Form 3800 (see instructions) . . . . . . . . . . . . 1c d Credit for prior year minimum tax (attach Form 8801 or 8827). . . . . . . . . . . . . 409,465. 2 2 Subtract line 1e from Part II, line 7. Form 8697 Other amounts due Check if from: Form 4255 Form 8611 3 **Total tax.** Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here.......... 409,465. Current net 965 tax liability paid from Form 965-A, Part II, column (k) . . . . . . b 2021 estimated tax payments. Check if section 643(g) election applies ▶ 4,000,000 6c 1,000,000 d Foreign organizations: Tax paid or withheld at source (see instructions) . . . . . . 6d Credit for small employer health insurance premiums (attach Form 8941) . . . . . . Other credits, adjustments, and payments: Form 2439 Form 4136 Other 5,000,000. 7 7 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . . . . . q 9 590. 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. . . . . . . . . . . . . . Enter the amount of line 10 you want: Credited to 2022 estimated tax 3.000,000 1,590,535. 11 Statements Regarding Certain Activities and Other Information (see instructions) Part IV No At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes." see instructions for other forms the organization may have to file. Enter available pre-2018 NOL carryovers here ▶ \$ \_\_\_\_\_ NONE . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I. line 6. Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions Available post-2017 NOL carryover **Business Activity Code** SEE STATEMENT 2 6a Did the organization change its method of accounting? (see instructions) b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," Supplemental Information Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

1X2741 1.000

| Sign                 |     | nder Dosanskijased vky: perjury, I declare that I have exami<br>elief it is true, correct, and complete. Declaration of preparer (c | other than taxpayer) is based or | n all information of which preparer has any l | knowledge.   |
|----------------------|-----|---|----------------------------------|---|--|
| Here                 | Si  |   | 11/14/2022<br>Date               | Treasurer  Title                              | May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No |
|                      |     | Print/Type preparer's name  | Preparer's signature             | Date  | Check if PTIN  |
| Paid                 |     | SHAWNELL LINOT  | Almunul 2000                     | 11/11/22                                      | self-employed P01663908  |
| Prepar               |     | Firm's name ► FORVIS, LLP   |                                  |   | Firm's EIN ▶ 44-0160260  |
| Use O                | niy | Firm's address ▶ 1551 N WATERFRONT  | PKWY, STE 300                    | , WICHITA, KS 67206                           | Phone no. 316-265-2811   |
| JSA<br>4 V 2 7 4 4 4 | 000 |   |                                  |   | Form <b>990-T</b> (2021)   |

V21-7.2F 85646 238 16733H K932

## Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

|   | or which an extension request must be sent it<br>form, visit www.irs.gov/e-file-providers/e-file-f   |  |   | structions). For more de  | etails on the    | electronic    |
|---|--|--|---|---------------------------|------------------|---------------|
| Automatic   | 6-Month Extension of Time. Only subm   | it original                                    | (no copies needed).                                 |                           |                  |               |
| •   | ons required to file an income tax return oth<br>rm 7004 to request an extension of time to fi   |  | , ,   | 20-C filers), partnership | ps, REMICs,      | and trusts    |
| Type or   |  |  |   |                           |                  |               |
| print   | CHARLES KOCH FOUNDATION  |  |   | 48-0918408                | 8                |               |
| File by the   | Number, street, and room or suite no. If a P.O. bo   | x, see instruc                                 | ctions.   |                           |                  |               |
| due date for<br>iling your  | 1320 N COURTHOUSE RD SUITE 40  |  |   |                           |                  |               |
| eturn. See<br>nstructions.  | City, town or post office, state, and ZIP code. For  | a foreign ad                                   | dress, see instructions.                            |                           |                  |               |
|   | ARLINGTON, VA 22201  |  |   |                           |                  |               |
| Enter the Re  | eturn Code for the return that this application  | is for (file                                   | a separate application fo                           | or each return)           |                  | 0 7           |
| Application   |  | Return   | Application   |                           |                  | Return        |
| ls For  |  | Code   | Is For  |                           |                  | Code          |
|   | Form 990-EZ  | 01   | Form 1041-A   |                           |                  | 80            |
| Form 4720   |  | 03   | Form 4720 (other tha                                | n individual)             |                  | 09            |
| Form 990-PF   |  | 04   | Form 5227   |                           |                  | 10            |
|   | (sec. 401(a) or 408(a) trust)  | 05   | Form 6069   |                           |                  | 11            |
|   | (trust other than above) (corporation)   | 06<br>07                                       | Form 8870   |                           |                  | 12            |
| <ul><li>If the orga</li><li>If this is for the whole</li></ul>  | e No. ► 571 290-6811  anization does not have an office or place of or a Group Return, enter the organization's for a group, check this box  | lbusiness ir<br>ur digit Gro<br>f it is for pa | oup Exemption Number (<br>art of the group, check t | ck this box               | If thi           |               |
|   | e names and TINs of all members the extens   |  |   | O to file the every       | t armanizatio    |               |
| for the<br>► X  | st an automatic 6-month extension of time uporganization named above. The extension is calendar year 2021 or   | for the org                                    | ganization's return for:                            |                           |                  | ometum        |
| tax year beginning, 20, and ending, 20  If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period |  |  |   |                           |                  |               |
|   | 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any  |  |   |                           |                  |               |
|   | nonrefundable credits. See instructions. <b>a</b> \$1,000,000. <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and                                |  |   |                           |                  |               |
|   | ted tax payments made. Include any prior yea   |  | =   |                           | 3b \$            | NONE          |
| c Balanc  | c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3b \$ NONE  3c \$1,000,000. |  |   |                           |                  |               |
|   | u are going to make an electronic funds withdraw   | •  |   | see Form 8453-TE and Fo   |                  |               |
| For Privacy A   | ct and Paperwork Reduction Act Notice, see inst  | ructions.                                      |   |                           | Form <b>8868</b> | (Rev. 1-2022) |

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

| CONTRIBUTION DEDUCTION  | CASH CONTRIBUTION (CURRENT YEAR) | CASH CONTRIBUTION (ACCRUAL) |  |  |  |
|---|----------------------------------|-----------------------------|--|--|--|
| CASH CONTRIBUTIONS - 2021 CASH CONTRIBUTIONS - 2020 CASH CONTRIBUTIONS - 2019 CASH CONTRIBUTIONS - 2018 CASH CONTRIBUTIONS - 2017 | 93,811,114.                      |                             |  |  |  |
| SUBTOTAL CHA  | RITABLE CONTRIBUTIONS .          | 93,811,114.                 |  |  |  |
| CONTRIBUTIONS CARRYOVER   |                                  |                             |  |  |  |
| 12/31/2016 80,192,363.<br>12/31/2017 88,473,872.<br>12/31/2018 127,879,272.<br>12/31/2019 138,002,575.<br>12/31/2020 99,560,919.  |                                  |                             |  |  |  |
| TOTAL CHARIT  | 'ABLE CONTRIBUTIONS              |                             |  |  |  |
| TAXABLE INCOME FOR CHARITA  | ABLE CONTRIBUTION LIMITA         | TION 2,167,590.             |  |  |  |
| CHARITABLE CONTRIBUTION DE  | DUCTION LIMIT (10%)              | 216,759.                    |  |  |  |
| CHARITABLE CONTRIBUTION DE  | EDUCTION                         |                             |  |  |  |

STATEMENT 1

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

| 903001 | 2,173,224. |
|--------|------------|
| 903002 | 57,393.    |
| 903003 | NONE       |
| 903004 | NONE       |
| 903005 | 129,538.   |
| 903006 | NONE       |
| 903007 | 104,234.   |
| 903008 | NONE       |
| 903009 | NONE       |
| 903010 | NONE       |
| 903011 | 33,223.    |
| 903012 | 259,048.   |
| 903013 | NONE       |
| 903014 | NONE       |
| 901101 | NONE       |
| 903016 | NONE       |
| 903017 | NONE       |
|        |            |

STATEMENT 2

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

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

OMB No. 1545-0074

Department of the Treasury

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

| Internal Nevertue Service                                      | oo i(c)(o) organizations only    |
|--|----------------------------------|
| A Name of the organization                                     | B Employer identification number |
| CHARLES KOCH FOUNDATION  | 48-0918408                       |
|  |                                  |
| C Unrelated business activity code (see instructions) ▶ 903001 | <b>D</b> Sequence: 1 of 17       |
|  |                                  |

| F De | escribe the unrelated trade or business ►FUND 1                    |    |                     |               |        |                  |
|------|--|----|---------------------|---------------|--------|------------------|
| Pa   |  |    | (A) Income          | (B) Expense   | es     | (C) Net          |
| 1a   | Gross receipts or sales  |    |                     |               |        |                  |
| b    | Less returns and allowances c Balance                              | 1c |                     |               |        |                  |
| 2    | Cost of goods sold (Part III, line 8)                              | 2  |                     |               |        |                  |
| 3    | Gross profit. Subtract line 2 from line 1c                         | 3  |                     |               |        |                  |
| 4a   | Capital gain net income (attach Sch D (Form 1041 or Form           |    |                     |               |        |                  |
|      | 1120)). See instructions   | 4a |                     |               |        |                  |
| b    | Net gain (loss) (Form 4797) (attach Form 4797). See instructions   | 4b |                     |               |        |                  |
| С    | Capital loss deduction for trusts                                  | 4c |                     |               |        |                  |
| 5    | Income (loss) from a partnership or an S corporation (attach       |    |                     |               |        |                  |
|      | statement) SEE. STATEMENT. 1                                       | 5  | -953,549.           |               |        | -953,549.        |
| 6    | Rent income (Part IV)  | 6  |                     |               |        |                  |
| 7    | Unrelated debt-financed income (Part V)                            | 7  |                     |               |        |                  |
| 8    | Interest, annuities, royalties, and rents from a controlled        |    |                     |               |        |                  |
|      | organization (Part VI)   | 8  |                     |               |        |                  |
| 9    | Investment income of section 501(c)(7), (9), or (17)               |    |                     |               |        |                  |
|      | organizations (Part VII)   | 9  |                     |               |        |                  |
| 10   | Exploited exempt activity income (Part VIII)                       | 10 |                     |               |        |                  |
| 11   | Advertising income (Part IX)                                       | 11 |                     |               |        |                  |
| 12   | Other income (see instructions; attach statement)                  |    |                     |               |        |                  |
| 13   | Total. Combine lines 3 through 12                                  |    | -953,549.           |               |        | <u>-953,549.</u> |
| Pai  | <b>Till Deductions Not Taken Elsewhere</b> See instructions to     |    | nitations on deduct | tions. Deduct | ions n | nust be          |
|      | directly connected with the unrelated business incom               |    |                     |               |        |                  |
| 1    | Compensation of officers, directors, and trustees (Part X) $\dots$ |    |                     |               |        |                  |
| 2    | Salaries and wages   |    |                     |               | 2      |                  |
| 3    | Repairs and maintenance  |    |                     |               | 3      |                  |
| 4    | Bad debts  |    |                     |               | 4      |                  |
| 5    | Interest (attach statement). See instructions                      |    |                     |               | 5      |                  |
| 6    | Taxes and licenses   |    | 1 1                 |               | 6      |                  |
| 7    | Depreciation (attach Form 4562). See instructions                  |    |                     |               |        |                  |
| 8    | Less depreciation claimed in Part III and elsewhere on return .    |    |                     |               | 8b     |                  |
| 9    | Depletion  |    |                     |               | 9      |                  |
| 10   | Contributions to deferred compensation plans                       |    |                     |               | 10     |                  |
| 11   | Employee benefit programs  |    |                     |               | 11     |                  |
| 12   | Excess exempt expenses (Part VIII)                                 |    |                     |               | 12     |                  |
| 13   | Excess readership costs (Part IX)                                  |    |                     |               |        |                  |
| 14   | Other deductions (attach statement)                                |    |                     |               |        |                  |
| 15   | <b>Total deductions.</b> Add lines 1 through 14                    |    |                     |               | 15     |                  |
| 16   | Unrelated business income before net operating loss deduction      |    |                     |               |        | 0=0 =            |
|      | column (C)   |    |                     |               | 16     | -953,549.        |
| 17   | Deduction for net operating loss. See instructions                 |    |                     |               |        |                  |
| 18   | Unrelated business taxable income. Subtract line 17 from line      | 16 |                     |               | 18     | <u>-953,549.</u> |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021 Page 2

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

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| Part VI Interest, Ann                   | nuities. Rovalt   | ies. and Rents  | s from Controlled Organi                                 | izations (see instructions)   | r age <b>U</b>  |  |  |  |
|---|---|---|--|---|---|--|--|--|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | ,   |  | ntrolled Organizations  |   |  |  |  |
| Name of controlled organization         | 2. Employer identification number   | 3. Net unrelate income (loss) (see instruction            | payments made  | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  | 6. Deductions directly connected with income in column 5                    |  |  |  |
| (1)                                     |   |   |  |   |   |  |  |  |
| (2)                                     |   |   |  |   |   |  |  |  |
| (3)                                     |   |   |  |   |   |  |  |  |
| (4)                                     |   |   |  |   |   |  |  |  |
|   |   | Nonexe  | empt Controlled Organization                             | ns  |   |  |  |  |
| 7. Taxable income                       | ind   | let unrelated come (loss) e instructions)                 | 9. Total of specified payments made                      | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income | 11. Deductions directly connected with income in column 10                  |  |  |  |
| (1)                                     |   |   |  |   |   |  |  |  |
| (2)                                     |   |   |  |   |   |  |  |  |
| (3)                                     |   |   |  |   |   |  |  |  |
| (4)                                     |   |   |  |   |   |  |  |  |
| Totals                                  |   |   |  | Add columns 5 and 10.<br>Enter here and on Part I,<br>line 8, column (A)                      | Add columns 6 and 11.<br>Enter here and on Part I,<br>line 8, column (B)    |  |  |  |
| Part VII Investment I                   | Income of a S   | ection 501(c)   | (7), (9), or (17) Organiza                               | ntion (see instructions)  | ·   |  |  |  |
| 1. Description of income                |   | ount of income  | Deductions     directly connected     (attach statement) | 4. Set-asides (attach statement)  | 5. Total deductions<br>and set-asides<br>(add columns 3 and 4)              |  |  |  |
| (1)                                     |   |   |  |   |   |  |  |  |
| (2)                                     |   |   |  |   |   |  |  |  |
| (3)                                     |   |   |  |   |   |  |  |  |
| (4)                                     |   |   |  |   |   |  |  |  |
| Totals                                  | Enter he  | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |  |   | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B) |  |  |  |
| Part VIII Exploited Ex                  | xempt Activity  | / Income, Othe  | er Than Advertising Inco                                 | me (see instructions)   |   |  |  |  |
| 1 Description of exploit                |   | •   |  | ,   |   |  |  |  |
| 2 Gross unrelated bus                   | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) |   |  |   |   |  |  |  |
| 3 Expenses directly co                  | Expenses directly connected with production of unrelated business income. Enter here and on Part I,   |   |  |   |   |  |  |  |
| line 10, column (B) .                   | line 10, column (B)   |   |  |   |   |  |  |  |
| 4 Net income (loss)                     | from unrelated t  | rade or busines   | s. Subtract line 3 from line                             | e 2. If a gain, complete  |   |  |  |  |
| lines 5 through 7                       |   |   |  |   | 4   |  |  |  |
| 5 Gross income from a                   | activity that is not  | unrelated business  | sincome  |   | 5   |  |  |  |
| 6 Expenses attributable                 | e to income entere  | ed on line 5  |  |   | 6   |  |  |  |
| 7 Excess exempt expe                    | enses. Subtract I   | ine 5 from line   | 6, but do not enter more                                 | than the amount on line   |   |  |  |  |
| 4. Enter here and on I                  | 4. Enter here and on Part II, line 12   |   |  |   |   |  |  |  |

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| Par   | t IX Advertising Income                      |             |                                |                        |                    |                     |
|-------|--|-------------|--------------------------------|------------------------|--------------------|---------------------|
| 1     | Name(s) of periodical(s). Check box if       | reporting   | two or more periodicals or     | n a consolidated basis | S.                 |                     |
|       | <b>A</b>                                     |             | •                              |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       | B  |             |                                |                        |                    |                     |
|       | с  |             |                                |                        |                    |                     |
|       | D  |             |                                |                        |                    |                     |
| Enter | amounts for each periodical listed above     | e in the co | orresponding column.           |                        |                    |                     |
|       |  |             | Α                              | В                      | С                  | D                   |
| 2     | Gross advertising income                     |             |                                |                        |                    |                     |
| a     | Add columns A through D. Enter here          |             |                                |                        | <u> </u>           | _                   |
| а     | Add coldining A through B. Enter here        | and on re   | arti, iiilo 11, coluiliii (A). |                        |                    | · •                 |
| _     | B  |             |                                |                        |                    |                     |
| 3     | Direct advertising costs by periodical       |             |                                |                        |                    |                     |
| а     | Add columns A through D. Enter here          | and on Pa   | art I, line 11, column (B).    |                        |                    | . <b>&gt;</b>       |
|       |  |             |                                |                        |                    |                     |
| 4     | Advertising gain (loss). Subtract line 3     | from line   |                                |                        |                    |                     |
|       | 2. For any column in line 4 showing          | g a gain,   |                                |                        |                    |                     |
|       | complete lines 5 through 8. For any c        | -           |                                |                        |                    |                     |
|       | line 4 showing a loss or zero, do not        |             |                                |                        |                    |                     |
|       | lines 5 through 7, and enter zero on lin     |             |                                |                        |                    |                     |
| _     | _  |             |                                |                        |                    |                     |
| 5     | Readership costs                             |             |                                |                        |                    |                     |
| 6     | Circulation income                           |             |                                |                        |                    |                     |
| 7     | Excess readership costs. If line 6 is        | ess than    |                                |                        |                    |                     |
|       | line 5, subtract line 6 from line 5. If line | e 5 is less |                                |                        |                    |                     |
|       | than line 6, enter zero                      |             |                                |                        |                    |                     |
| 8     | Excess readership costs allowed              | as a        |                                |                        |                    |                     |
|       | deduction. For each column showing a         | a gain on   |                                |                        |                    |                     |
|       | line 4, enter the lesser of line 4 or line 7 | -           |                                |                        |                    |                     |
| а     | Add line 8, columns A through D              |             | the greater of the line        | 8a columns tota        | l or zero here and | on                  |
| -     | Part II, line 13                             |             | -                              |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
| Par   | t X Compensation of Officers                 | s, Direct   | tors, and Trustees (s          | see instructions)      |                    |                     |
|       |  |             |                                |                        | 3. Percentage      | 4. Compensation     |
|       | 1. Name                                      |             | 2. Title                       |                        | of time devoted    | attributable to     |
|       | Triamo                                       |             | 21 1100                        |                        | to business        | unrelated business  |
|       |  |             |                                |                        | to business        | uni elated business |
| (1)   |  |             |                                |                        | %                  |                     |
| (2)   |  |             |                                |                        | %                  |                     |
| (3)   |  |             |                                |                        | %                  |                     |
| (4)   |  |             |                                |                        | %                  |                     |
|       |  |             |                                | <u>'</u>               |                    |                     |
| Total | I. Enter here and on Part II, line 1..       |             |                                |                        | ▶                  |                     |
|       | t XI Supplemental Informatio                 |             |                                |                        |                    |                     |
| ıaı   | 3 Supplemental information                   | 11 (366 11  | isti uctions)                  |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |
|       |  |             |                                |                        |                    |                     |

JSA 1X2753 1.000 16733H K932

#### SCHEDULE A: FUND 1

| INCOME (LOS | S) FROM | PARTNERSHIPS | AND/OR | S | CORPORATIONS |
|-------------|---------|--------------|--------|---|--------------|
|             |         |              |        |   |              |

| S | SHARE OF | SHARE OF | GAIN OR |
|---|----------|----------|---------|

GROSS INCOME DEDUCTIONS (LOSS)

-953,549. -953,549. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS -953,549.

==========

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

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

OMB No. 1545-0074

Department of the Treasury

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

| Internal Nevertue Service   | 301(3)(3) Significations only    |
|---|----------------------------------|
| A Name of the organization  | B Employer identification number |
| CHARLES KOCH FOUNDATION   | 48-0918408                       |
|   |                                  |
| <b>C</b> Unrelated business activity code (see instructions) ▶ 903002 | <b>D</b> Sequence: 2 of 17       |

| <b>C</b> Ur | related business activity code (see instructions) ▶ 903002       |       | <b>D</b> S            | Sequence:       | 2      | of 17            |
|-------------|--|-------|-----------------------|-----------------|--------|------------------|
| F De        | escribe the unrelated trade or business ►FUND 2                  |       |                       |                 |        |                  |
| Pai         |  |       | (A) Income            | (B) Expens      | es     | (C) Net          |
| 1a          | Gross receipts or sales  |       |                       |                 |        |                  |
| b           | Less returns and allowances c Balance ▶                          | 1c    |                       |                 |        |                  |
| 2           | Cost of goods sold (Part III, line 8)                            | 2     |                       |                 |        |                  |
| 3           | Gross profit. Subtract line 2 from line 1c                       | 3     |                       |                 |        |                  |
| 4a          | Capital gain net income (attach Sch D (Form 1041 or Form         |       |                       |                 |        |                  |
|             | 1120)). See instructions   | 4a    |                       |                 |        |                  |
| b           | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b    |                       |                 |        |                  |
| С           | Capital loss deduction for trusts                                | 4c    |                       |                 |        |                  |
| 5           | Income (loss) from a partnership or an S corporation (attach     |       |                       |                 |        |                  |
|             | statement) SEE. STATEMENT. 1                                     | 5     | 153,979.              |                 |        | <u> 153,979.</u> |
| 6           | Rent income (Part IV)  | 6     |                       |                 |        |                  |
| 7           | Unrelated debt-financed income (Part V)                          | 7     |                       |                 |        |                  |
| 8           | Interest, annuities, royalties, and rents from a controlled      |       |                       |                 |        |                  |
|             | organization (Part VI)   | 8     |                       |                 |        |                  |
| 9           | Investment income of section 501(c)(7), (9), or (17)             |       |                       |                 |        |                  |
|             | organizations (Part VII)   | 9     |                       |                 |        |                  |
| 10          | Exploited exempt activity income (Part VIII)                     | 10    |                       |                 |        |                  |
| 11          | Advertising income (Part IX)                                     | 11    |                       |                 |        |                  |
| 12          | Other income (see instructions; attach statement)                | =     |                       |                 |        |                  |
| 13          | Total. Combine lines 3 through 12                                |       | 153,979.              |                 |        | 153,979.         |
| Pa          | <b>Deductions Not Taken Elsewhere</b> See instructions           |       | nitations on deduct   | ions. Deduct    | ions m | iust be          |
|             | directly connected with the unrelated business incom             | e     |                       |                 |        |                  |
| 1           | Compensation of officers, directors, and trustees (Part X)       |       |                       |                 |        |                  |
| 2           | Salaries and wages   |       |                       |                 |        |                  |
| 3           | Repairs and maintenance  |       |                       |                 | 3      |                  |
| 4           | Bad debts  |       |                       |                 | 4      |                  |
| 5           | Interest (attach statement). See instructions                    |       |                       |                 | 5      |                  |
| 6           | Taxes and licenses   |       |                       |                 | 6      |                  |
| 7           | Depreciation (attach Form 4562). See instructions                |       | 7                     |                 |        |                  |
| 8           | Less depreciation claimed in Part III and elsewhere on return .  |       | <u>8</u> a            |                 | 8b     |                  |
| 9           | Depletion  |       |                       |                 | 9      |                  |
| 10          | Contributions to deferred compensation plans                     |       |                       |                 | 10     |                  |
| 11          | Employee benefit programs  |       |                       |                 | 11     |                  |
| 12          | Excess exempt expenses (Part VIII)                               |       |                       |                 | 12     |                  |
| 13          | Excess readership costs (Part IX)                                |       |                       |                 | 13     |                  |
| 14          | Other deductions (attach statement)                              |       |                       |                 | 14     |                  |
| 15          | Total deductions. Add lines 1 through 14                         |       |                       |                 | 15     |                  |
| 16          | Unrelated business income before net operating loss deduction    | . Sub | tract line 15 from Pa | art I, line 13, |        |                  |
|             | column (C)   |       |                       |                 | 16     | 153,979.         |
| 17          | Deduction for net operating loss. See instructions               |       |                       |                 | 17     | 123,183.         |
| 18          | Unrelated business taxable income. Subtract line 17 from line    | 16    |                       |                 | 18     | 30,796.          |

For Paperwork Reduction Act Notice, see instructions.

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|     | t III Cost of Goods Sold                             | inter method of invento         | ory valuation ▶                                |                                       | raye <b>z</b> |
|-----|--|---------------------------------|--|---------------------------------------|---------------|
| 1   | Inventory at beginning of year                       |                                 |  |                                       |               |
| 2   | Purchases  |                                 |  | 2                                     |               |
| 3   | Cost of labor  |                                 |  |                                       |               |
| 4   | Additional section 263A costs (attach statement)     |                                 |  | 4                                     |               |
| 5   | Other costs (attach statement)                       |                                 |  | 5                                     |               |
| 6   | <b>Total.</b> Add lines 1 through 5                  |                                 |  | 6                                     |               |
| 7   | Inventory at end of year                             |                                 |  |                                       |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En  |                                 |  |                                       |               |
| 9   | Do the rules of section 263A (with respect to pro    |                                 |  |                                       | Yes No        |
| Par | t IV Rent Income (From Real Property                 |                                 |  |                                       |               |
| 1   | Description of property (property street address, co | ity, state, ZIP code). Check    | if a dual-use. See instruction                 | ons.                                  |               |
|     | A  |                                 |  |                                       |               |
|     | В  |                                 |  |                                       |               |
|     | с —  |                                 |  |                                       |               |
|     | D  |                                 | _  | _                                     |               |
|     | _  | A                               | В  | С                                     | D             |
| 2   | Rent received or accrued                             |                                 |  |                                       |               |
| а   | From personal property (if the percentage of         |                                 |  |                                       |               |
|     | rent for personal property is more than 10%          |                                 |  |                                       |               |
|     | but not more than 50%)                               |                                 |  |                                       |               |
| b   | From real and personal property (if the              |                                 |  |                                       |               |
|     | percentage of rent for personal property             |                                 |  |                                       |               |
|     | exceeds 50% or if the rent is based on profit or     |                                 |  |                                       |               |
|     | income)  |                                 |  |                                       |               |
| С   | Total rents received or accrued by property.         |                                 |  |                                       |               |
| •   | Add lines 2a and 2b, columns A through D             | A #h                            |  | (A)                                   |               |
| 3   | Total rents received or accrued. Add line 2c colur   | nns A through D. Enter nei      | re and on Part I, line 6, colu                 | mn (A)                                |               |
| 4   | Deductions directly connected with the income        |                                 |  |                                       |               |
| 4   | in lines 2(a) and 2(b) (attach statement)            |                                 |  |                                       |               |
| 5   | Total deductions. Add line 4 columns A through D     | Foter here and on Part I        | line 6 column (R)                              |                                       |               |
| J   | Total deductions. Add line 4 columns A through b     | . Liller Here and Off Fart I,   | iiile o, coluiiiii (b)                         | · · · · · · · · · · · · · · · · · · · |               |
| Par | t VE Unrelated Debt-Financed Income (                | see instructions)               |  |                                       |               |
| 1   | Description of debt-financed property (street addre  |                                 | Check if a dual-use. See ins                   | structions                            |               |
| •   | A Control of dest infanced property (exceeded        | 500, only, oraco, 211 '00do). ( | onook ii a aaai aoo. ooo iiio                  | a dollorio.                           |               |
|     | В  |                                 |  |                                       |               |
|     | c  |                                 |  |                                       |               |
|     | D  |                                 |  |                                       |               |
|     |  | Α                               | В  | С                                     | D             |
| 2   | Gross income from or allocable to debt -             |                                 |  |                                       |               |
|     | financed property                                    |                                 |  |                                       |               |
| 3   | Deductions directly connected with or allocable      |                                 |  |                                       |               |
|     | to debt-financed property                            |                                 |  |                                       |               |
| а   | Straight line depreciation (attach statement)        |                                 |  |                                       |               |
| b   | Other deductions (attach statement)                  |                                 |  |                                       |               |
| С   | Total deductions (add lines 3a and 3b,               |                                 |  |                                       |               |
|     | columns A through D)                                 |                                 |  |                                       |               |
| 4   | Amount of average acquisition debt on or allocable   |                                 |  |                                       |               |
|     | to debt - financed property (attach statement)       |                                 |  |                                       |               |
| 5   | Average adjusted basis of or allocable to debt-      |                                 |  |                                       |               |
|     | financed property (attach statement)                 |                                 |  |                                       |               |
| 6   | Divide line 4 by line 5                              | %                               | %  | %                                     | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6   |                                 |  |                                       |               |
| 8   | Total gross income (add line 7, columns A through    | h D). Enter here and on Pa      | art I, line 7, column (A)                      |                                       |               |
|     |  |                                 | <u>,                                      </u> |                                       |               |
| 9   | Allocable deductions. Multiply line 3c by line 6     |                                 |  |                                       |               |
| 10  | Total allocable deductions. Add line 9, columns A    | through D. Enter here an        | d on Part I, line 7, column (                  | B) ▶                                  |               |
| 11  | Total dividends-received deductions included in li   | ne 10                           |  | <b></b>                               |               |

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| Schedule A (Form 990-1) 2021    | ''' B 1                               |   |   | • ••  | Page 3  |  |  |  |
|---------------------------------|---------------------------------------|---|---|---|---|--|--|--|
| Part VI Interest, Ani           | nuities, Royalt                       | ies, and Rents  | s from Controlled Organ                             |   |   |  |  |  |
|                                 |                                       |   | Exempt Controlled Organizations                     |   |   |  |  |  |
| Name of controlled organization | 2. Employer identification number     | 3. Net unrelate income (loss) (see instruction            | payments made                                       | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  | 6. Deductions directly connected with income in column 5                    |  |  |  |
| (1)                             |                                       |   |   |   |   |  |  |  |
| (2)                             |                                       |   |   |   |   |  |  |  |
| (3)                             |                                       |   |   |   |   |  |  |  |
| (4)                             |                                       |   |   |   |   |  |  |  |
|                                 | 1                                     | Nonexe  | empt Controlled Organizatio                         | ons   |   |  |  |  |
| 7. Taxable income               | ine                                   | Net unrelated come (loss) e instructions)                 | 9. Total of specified payments made                 | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income | 11. Deductions directly connected with income in column 10                  |  |  |  |
| (1)                             |                                       |   |   |   |   |  |  |  |
| (2)                             |                                       |   |   |   |   |  |  |  |
| (3)                             |                                       |   |   |   |   |  |  |  |
| (4)                             |                                       |   |   |   |   |  |  |  |
| Totals                          |                                       |   |   | Add columns 5 and 10.<br>Enter here and on Part I,<br>line 8, column (A)                      | Add columns 6 and 11.<br>Enter here and on Part I,<br>line 8, column (B)    |  |  |  |
|                                 |                                       |   | (7), (9), or (17) Organiza                          | ation (see instructions)  |   |  |  |  |
| 1. Description of income        |                                       | ount of income  | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement)  | 5. Total deductions<br>and set-asides<br>(add columns 3 and 4)              |  |  |  |
| (1)                             |                                       |   |   |   |   |  |  |  |
| (2)                             |                                       |   |   |   |   |  |  |  |
| (3)                             |                                       |   |   |   |   |  |  |  |
| (4)                             |                                       |   |   |   |   |  |  |  |
| Totals                          | Enter he                              | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |   |   | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B) |  |  |  |
|                                 |                                       | / Income. Oth   | er Than Advertising Inco                            | me (see instructions)   |   |  |  |  |
| Description of exploit          |                                       | ,   |   | ,   |   |  |  |  |
| •                               | · -                                   | om trade or bus   | iness. Enter here and on Pa                         | art I. line 10. column (A)  | 2   |  |  |  |
|                                 |                                       |   | nrelated business income. E                         | ,   | _   |  |  |  |
| line 10, column (B)             |                                       |   |   |   | 3   |  |  |  |
| , , ,                           |                                       | trade or busines  | s. Subtract line 3 from lin                         | ne 2. If a gain, complete   |   |  |  |  |
| lines 5 through 7               |                                       |   |   |   | 4   |  |  |  |
| ū                               |                                       |   | s income  |   | 5   |  |  |  |
|                                 | •                                     |   |   |   | 6   |  |  |  |
| •                               |                                       |   | 6, but do not enter more                            | than the amount on line   |   |  |  |  |
|                                 | 4. Enter here and on Part II, line 12 |   |   |   |   |  |  |  |

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| Par                      | t IX Advertising Income                        |   |                     |   |                                 |
|--------------------------|--|---|---------------------|---|---------------------------------|
| 1                        | Name(s) of periodical(s). Check box            | if reporting two or more periodicals on a | consolidated basis. |   |                                 |
|                          | Α  |   |                     |   |                                 |
|                          | В  |   |                     |   |                                 |
|                          |  |   |                     |   |                                 |
|                          | c  |   |                     |   |                                 |
|                          | D  |   |                     |   |                                 |
| Enter                    | amounts for each periodical listed about       | ove in the corresponding column.          |                     |   |                                 |
|                          |  | A   | В                   | С   | D                               |
| 2                        | Gross advertising income                       |   |                     |   |                                 |
| a                        |  | e and on Part I, line 11, column (A)      |                     | ,   |                                 |
| a                        | Add coldiniis A through B. Enter her           | c and on r art i, line r i, column (A).   |                     |   |                                 |
|                          |  |   |                     | I   |                                 |
| 3                        | Direct advertising costs by periodical         |   |                     |   |                                 |
| а                        | Add columns A through D. Enter her             | e and on Part I, line 11, column (B)      |                     |   | <b>-</b>                        |
|                          |  |   |                     |   |                                 |
| 4                        | Advertising gain (loss). Subtract line 3       | 3 from line                               |                     |   |                                 |
|                          | 2. For any column in line 4 showir             |   |                     |   |                                 |
|                          | complete lines 5 through 8. For any            |   |                     |   |                                 |
|                          |  |   |                     |   |                                 |
|                          | line 4 showing a loss or zero, do not          |   |                     |   |                                 |
|                          | lines 5 through 7, and enter zero on li        |   |                     |   |                                 |
| 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 lin    |   |                     |   |                                 |
|                          | than line 6, enter zero                        |   |                     |   |                                 |
|                          | Excess readership costs allowe                 |   |                     |   |                                 |
| 8                        | •  |   |                     |   |                                 |
|                          | deduction. For each column showing             |   |                     |   |                                 |
|                          | line 4, enter the lesser of line 4 or line     |   |                     |   |                                 |
| а                        | Add line 8, columns A through                  | D. Enter the greater of the line 8        | a, columns total of | or zero here and o                              | n                               |
|                          |  |   |                     |   |                                 |
|                          | Part II, line 13                               |   |                     |   | <b>&gt;</b>                     |
| Por                      |  |   |                     |   | <b>&gt;</b>                     |
| Par                      |  |   |                     |   | <b>&gt;</b>                     |
| Par                      |  |   | instructions)       | 3. Percentage                                   | 4. Compensation                 |
| Par                      |  |   | instructions)       |   | <b>-</b>                        |
| Par                      | t X Compensation of Office                     | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage                                   | 4. Compensation                 |
|                          | t X Compensation of Office                     | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business        | 4. Compensation attributable to |
| (1)                      | t X Compensation of Office                     | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted                    | 4. Compensation attributable to |
| (1)<br>(2)               | t X Compensation of Office                     | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business        | 4. Compensation attributable to |
| (1)<br>(2)               | t X Compensation of Office                     | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage If time devoted to business       | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)        | t X Compensation of Office                     | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  %     | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)        | t X Compensation of Office                     | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % %   | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name  I. Enter here and on Part II, line 1. | rs, Directors, and Trustees (see          | instructions)       | 3. Percentage f time devoted to business  % % % | 4. Compensation attributable to |

JSA 1X2753 1.000 16733H K932

### SCHEDULE A: FUND 2

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

| ======================================= | SHARE OF     | =========<br>SHARE OF | GAIN OR  |
|---|--------------|-----------------------|----------|
|   | GROSS INCOME | DEDUCTIONS            | (LOSS)   |
| NET ORDINARY INCOME - INVESTMENTS K-1   | 153,979.     |                       | 153,979. |

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS 153,979.

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

| Internal Neverlae Service                                      | 50.(5)(5) 0. gam=anons cm;       |
|--|----------------------------------|
| A Name of the organization                                     | B Employer identification number |
| CHARLES KOCH FOUNDATION  | 48-0918408                       |
|  |                                  |
| C Unrelated business activity code (see instructions) ► 903003 | <b>D</b> Sequence: 3 of 17       |

| C Ur      | irelated business activity code (see instructions) ► 903003      |    | ָ ט צ               | equence:     | 3      | of I'/   |
|-----------|--|----|---------------------|--------------|--------|----------|
| E De      | escribe the unrelated trade or business ►FUND 3                  |    |                     |              |        |          |
| Pai       |  |    | (A) Income          | (B) Expens   | es     | (C) Net  |
| 1a        | Gross receipts or sales  |    |                     |              |        |          |
| b         | Less returns and allowances c Balance ▶                          | 1c |                     |              |        |          |
| 2         | Cost of goods sold (Part III, line 8)                            | 2  |                     |              |        |          |
| 3         | Gross profit. Subtract line 2 from line 1c                       | 3  |                     |              |        |          |
| 4a        | Capital gain net income (attach Sch D (Form 1041 or Form         |    |                     |              |        |          |
|           | 1120)). See instructions   | 4a |                     |              |        |          |
| b         | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b |                     |              |        |          |
| С         | Capital loss deduction for trusts                                | 4c |                     |              |        |          |
| 5         | Income (loss) from a partnership or an S corporation (attach     |    |                     |              |        |          |
|           | statement) SEE. STATEMENT. 1                                     | 5  | 213,694.            |              |        | 213,694. |
| 6         | Rent income (Part IV)  | 6  |                     |              |        |          |
| 7         | Unrelated debt-financed income (Part V)                          | 7  |                     |              |        |          |
| 8         | Interest, annuities, royalties, and rents from a controlled      |    |                     |              |        |          |
|           | organization (Part VI)   | 8  |                     |              |        |          |
| 9         | Investment income of section 501(c)(7), (9), or (17)             |    |                     |              |        |          |
|           | organizations (Part VII)   | 9  |                     |              |        |          |
| 10        | Exploited exempt activity income (Part VIII)                     |    |                     |              |        |          |
| 11        | Advertising income (Part IX)                                     |    |                     |              |        |          |
| 12        | Other income (see instructions; attach statement)                |    |                     |              |        |          |
| 13        | Total. Combine lines 3 through 12                                |    | 213,694.            |              |        | 213,694. |
| Pai       | <b>Deductions Not Taken Elsewhere</b> See instructions to        |    | nitations on deduct | ions. Deduct | ions n | nust be  |
|           | directly connected with the unrelated business incom             |    |                     |              |        |          |
| 1         | Compensation of officers, directors, and trustees (Part X)       |    |                     |              |        |          |
| 2         | Salaries and wages   |    |                     |              |        |          |
| 3         | Repairs and maintenance  |    |                     |              |        |          |
| 4         | Bad debts  |    |                     |              |        |          |
| 5         | Interest (attach statement). See instructions                    |    |                     |              |        |          |
| 6         | Taxes and licenses   |    |                     |              | 6      |          |
| 7         | Depreciation (attach Form 4562). See instructions                |    |                     |              |        |          |
| 8         | Less depreciation claimed in Part III and elsewhere on return .  |    |                     |              | 8b     |          |
| 9         | Depletion  |    |                     |              |        |          |
| 10        | Contributions to deferred compensation plans                     |    |                     |              |        |          |
| 11        | Employee benefit programs  |    |                     |              | 11     |          |
| 12        | Excess exempt expenses (Part VIII)                               |    |                     |              | 12     |          |
| 13        | Excess readership costs (Part IX)                                |    |                     |              | 13     |          |
| 14        | Other deductions (attach statement)                              |    |                     |              | 14     |          |
| 15        | Total deductions. Add lines 1 through 14                         |    |                     |              | 15     |          |
| 16        | Unrelated business income before net operating loss deduction    |    |                     |              |        | 0.1.0    |
|           | column (C)   |    |                     |              | 16     | 213,694. |
| 17        | Deduction for net operating loss. See instructions               |    |                     |              |        | NONE     |
| <u>18</u> | Unrelated business taxable income. Subtract line 17 from line    | 16 |                     |              | 18     | 213,694. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021 Page 2

|     | t III Cost of Goods Sold                             | inter method of invento         | ory valuation ▶                                |                                       | raye <b>z</b> |
|-----|--|---------------------------------|--|---------------------------------------|---------------|
| 1   | Inventory at beginning of year                       |                                 |  |                                       |               |
| 2   | Purchases  |                                 |  | 2                                     |               |
| 3   | Cost of labor  |                                 |  |                                       |               |
| 4   | Additional section 263A costs (attach statement)     |                                 |  | 4                                     |               |
| 5   | Other costs (attach statement)                       |                                 |  | 5                                     |               |
| 6   | <b>Total.</b> Add lines 1 through 5                  |                                 |  | 6                                     |               |
| 7   | Inventory at end of year                             |                                 |  |                                       |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En  |                                 |  |                                       |               |
| 9   | Do the rules of section 263A (with respect to pro    |                                 |  |                                       | Yes No        |
| Par | t IV Rent Income (From Real Property                 |                                 |  |                                       |               |
| 1   | Description of property (property street address, co | ity, state, ZIP code). Check    | if a dual-use. See instruction                 | ons.                                  |               |
|     | A  |                                 |  |                                       |               |
|     | В  |                                 |  |                                       |               |
|     | с —  |                                 |  |                                       |               |
|     | D  |                                 | _  | _                                     |               |
|     | _  | A                               | В  | С                                     | D             |
| 2   | Rent received or accrued                             |                                 |  |                                       |               |
| а   | From personal property (if the percentage of         |                                 |  |                                       |               |
|     | rent for personal property is more than 10%          |                                 |  |                                       |               |
|     | but not more than 50%)                               |                                 |  |                                       |               |
| b   | From real and personal property (if the              |                                 |  |                                       |               |
|     | percentage of rent for personal property             |                                 |  |                                       |               |
|     | exceeds 50% or if the rent is based on profit or     |                                 |  |                                       |               |
|     | income)  |                                 |  |                                       |               |
| С   | Total rents received or accrued by property.         |                                 |  |                                       |               |
| •   | Add lines 2a and 2b, columns A through D             | A #h                            |  | (A)                                   |               |
| 3   | Total rents received or accrued. Add line 2c colur   | nns A through D. Enter nei      | re and on Part I, line 6, colu                 | mn (A)                                |               |
| 4   | Deductions directly connected with the income        |                                 |  |                                       |               |
| 4   | in lines 2(a) and 2(b) (attach statement)            |                                 |  |                                       |               |
| 5   | Total deductions. Add line 4 columns A through D     | Foter here and on Part I        | line 6 column (R)                              |                                       |               |
| J   | Total deductions. Add line 4 columns A through b     | . Liller Here and Off Fart I,   | iiile o, coluiiiii (b)                         | · · · · · · · · · · · · · · · · · · · |               |
| Par | t VE Unrelated Debt-Financed Income (                | see instructions)               |  |                                       |               |
| 1   | Description of debt-financed property (street addre  |                                 | Check if a dual-use. See ins                   | structions                            |               |
| •   | A Control of dest infanced property (exceeded        | 500, only, oraco, 211 '00do). ( | onook ii a aaai aoo. ooo iiio                  | a dollorio.                           |               |
|     | В  |                                 |  |                                       |               |
|     | c  |                                 |  |                                       |               |
|     | D  |                                 |  |                                       |               |
|     |  | Α                               | В  | С                                     | D             |
| 2   | Gross income from or allocable to debt -             |                                 |  |                                       |               |
|     | financed property                                    |                                 |  |                                       |               |
| 3   | Deductions directly connected with or allocable      |                                 |  |                                       |               |
|     | to debt-financed property                            |                                 |  |                                       |               |
| а   | Straight line depreciation (attach statement)        |                                 |  |                                       |               |
| b   | Other deductions (attach statement)                  |                                 |  |                                       |               |
| С   | Total deductions (add lines 3a and 3b,               |                                 |  |                                       |               |
|     | columns A through D)                                 |                                 |  |                                       |               |
| 4   | Amount of average acquisition debt on or allocable   |                                 |  |                                       |               |
|     | to debt - financed property (attach statement)       |                                 |  |                                       |               |
| 5   | Average adjusted basis of or allocable to debt-      |                                 |  |                                       |               |
|     | financed property (attach statement)                 |                                 |  |                                       |               |
| 6   | Divide line 4 by line 5                              | %                               | %  | %                                     | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6   |                                 |  |                                       |               |
| 8   | Total gross income (add line 7, columns A through    | h D). Enter here and on Pa      | art I, line 7, column (A)                      |                                       |               |
|     |  |                                 | <u>,                                      </u> |                                       |               |
| 9   | Allocable deductions. Multiply line 3c by line 6     |                                 |  |                                       |               |
| 10  | Total allocable deductions. Add line 9, columns A    | through D. Enter here an        | d on Part I, line 7, column (                  | B) ▶                                  |               |
| 11  | Total dividends-received deductions included in li   | ne 10                           |  | <b></b>                               |               |

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| Part VI Interest, Ann                   | nuities. Rovalt                       | ies. and Rents  | s from Controlled Organ                                  | izations (see instructions)   | 1 age C   |
|---|---------------------------------------|---|--|---|---|
| , |                                       |   |  | ntrolled Organizations  |   |
| Name of controlled organization         | 2. Employer identification number     | 3. Net unrelate income (loss) (see instruction            | payments made  | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  | Deductions directly<br>connected with<br>income in column 5                 |
| (1)                                     |                                       |   |  |   |   |
| (2)                                     |                                       |   |  |   |   |
| (3)                                     |                                       |   |  |   |   |
| (4)                                     |                                       |   |  |   |   |
|   | •                                     | Nonexe  | empt Controlled Organizatio                              | ns  | •   |
| 7. Taxable income                       | inc                                   | let unrelated<br>come (loss)<br>e instructions)           | 9. Total of specified payments made                      | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income | 11. Deductions directly connected with income in column 10                  |
| (1)                                     |                                       |   |  |   |   |
| (2)                                     |                                       |   |  |   |   |
| (3)                                     |                                       |   |  |   |   |
| (4)                                     |                                       |   |  |   |   |
| Totals                                  |                                       |   |  | Add columns 5 and 10.<br>Enter here and on Part I,<br>line 8, column (A)                      | Add columns 6 and 11.<br>Enter here and on Part I,<br>line 8, column (B)    |
| Part VII Investment I                   | ncome of a S                          | ection 501(c)   | (7), (9), or (17) Organiza                               | ntion (see instructions)  | •   |
| 1. Description of income                |                                       | ount of income  | Deductions     directly connected     (attach statement) | 4. Set-asides (attach statement)  | 5. Total deductions<br>and set-asides<br>(add columns 3 and 4)              |
| (1)                                     |                                       |   |  |   |   |
| (2)                                     |                                       |   |  |   |   |
| (3)                                     |                                       |   |  |   |   |
| (4)                                     |                                       |   |  |   |   |
| Totals                                  | Enter he                              | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |  |   | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B) |
| Part VIII Exploited Ex                  | kempt Activity                        | / Income, Othe  | er Than Advertising Inco                                 | me (see instructions)   |   |
| Description of exploit                  |                                       | •   | <b>y</b>   | . ,   |   |
| •                                       |                                       | om trade or bus   | iness. Enter here and on Pa                              | art I, line 10, column (A)  | 2   |
| 3 Expenses directly c                   | onnected with p                       | production of ur  | nrelated business income. En                             | nter here and on Part I,  |   |
| line 10, column (B)                     |                                       |   |  |   | 3   |
| 4 Net income (loss)                     | from unrelated t                      | rade or busines   | s. Subtract line 3 from line                             | e 2. If a gain, complete  |   |
| lines 5 through 7.                      |                                       |   |  |   | 4   |
| 5 Gross income from a                   | activity that is not                  | unrelated business  | s income   |   | 5   |
| 6 Expenses attributable                 | e to income entere                    | ed on line 5  |  |   | 6   |
| 7 Excess exempt expe                    | enses. Subtract I                     | ine 5 from line   | 6, but do not enter more                                 | than the amount on line   |   |
| 4. Enter here and on l                  | 4. Enter here and on Part II, line 12 |   |  |   |   |

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| Par   | Advertising income                        |  |                     |                  |                     |
|-------|---|--|---------------------|------------------|---------------------|
| 1     | Name(s) of periodical(s). Check box       | cif reporting two or more periodicals on a c | consolidated basis. |                  |                     |
|       | Α   |  |                     |                  |                     |
|       | В   |  |                     |                  |                     |
|       | С   |  |                     |                  |                     |
|       | D   |  |                     |                  |                     |
| Enter | amounts for each periodical listed at     | ove in the corresponding column.             |                     |                  |                     |
|       |   | A  | В                   | С                | D                   |
| 2     | Gross advertising income                  |  |                     |                  |                     |
| а     | Add columns A through D. Enter he         | re and on Part I, line 11, column (A)        |                     |                  | >                   |
|       |   |  |                     |                  |                     |
| 3     | Direct advertising costs by periodica     | ·  |                     |                  |                     |
| а     | Add columns A through D. Enter he         | re and on Part I, line 11, column (B)        |                     |                  | <b>-</b>            |
|       |   |  |                     |                  |                     |
| 4     | Advertising gain (loss). Subtract line    | 3 from line                                  |                     |                  |                     |
|       | 2. For any column in line 4 show          | ing a gain,                                  |                     |                  |                     |
|       | complete lines 5 through 8. For any       | column in                                    |                     |                  |                     |
|       | line 4 showing a loss or zero, do no      | ot complete                                  |                     |                  |                     |
|       | lines 5 through 7, and enter zero on      | line 8                                       |                     |                  |                     |
| 5     | Readership costs                          |  |                     |                  |                     |
| 6     | Circulation income                        |  |                     |                  |                     |
| 7     | Excess readership costs. If line 6 i      | s less than                                  |                     |                  |                     |
|       | line 5, subtract line 6 from line 5. If I | ine 5 is less                                |                     |                  |                     |
|       | than line 6, enter zero                   |  |                     |                  |                     |
| 8     | Excess readership costs allow             | ed as a                                      |                     |                  |                     |
|       | deduction. For each column showin         | g a gain on                                  |                     |                  |                     |
|       | line 4, enter the lesser of line 4 or lin | e7   |                     |                  |                     |
| а     | Add line 8, columns A through             | D. Enter the greater of the line 8a          | a, columns total o  | zero here and or | า                   |
|       | Part II, line 13                          |  |                     |                  | -                   |
| Par   | t X Compensation of Office                | ers, Directors, and Trustees (see            | instructions)       |                  |                     |
|       | ,   |  | ·                   | . Percentage     | 4. Compensation     |
|       | 1. Name                                   | 2. Title                                     |                     | time devoted     | attributable to     |
|       | I. Name                                   | Z. Title                                     |                     | to business      | unrelated business  |
|       |   |  |                     | to business      | uniterated business |
| (1)   |   |  |                     | %                |                     |
| (2)   |   |  |                     | %                |                     |
| (3)   |   |  |                     | %                |                     |
| (4)   |   |  |                     | %                |                     |
| _     |   |  |                     |                  |                     |
|       |   |  |                     | •                |                     |
| Par   | t XI Supplemental Informat                | ion (see instructions)                       |                     |                  |                     |
|       |   |  |                     |                  |                     |
|       |   |  |                     |                  |                     |
|       |   |  |                     |                  |                     |
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|       |   |  |                     |                  |                     |

JSA 1X2753 1.000 16733H K932

### SCHEDULE A: FUND 3

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

|                                       | SHARE OF     | SHARE OF   | GAIN OR  |
|---------------------------------------|--------------|------------|----------|
|                                       | GROSS INCOME | DEDUCTIONS | (LOSS)   |
| NET ORDINARY INCOME - INVESTMENTS K-1 | 213,694.     |            | 213,694. |

213,694.

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

==========

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

OMB No. 1545-0074

Department of the Treasury

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

| Internal Nevertue Service   | Sor(S)(S) Significations Silly   |
|---|----------------------------------|
| A Name of the organization  | B Employer identification number |
| CHARLES KOCH FOUNDATION   | 48-0918408                       |
|   |                                  |
| <b>C</b> Unrelated business activity code (see instructions) ▶ 903004 | <b>D</b> Sequence: 4 of 17       |

| <b>C</b> Ur | related business activity code (see instructions) ▶ 903004  |    | <b>D</b> S          | Sequence:    | 4      | of <u>17</u> |
|-------------|---|----|---------------------|--------------|--------|--------------|
| F De        | escribe the unrelated trade or business ►FUND 4   |    |                     |              |        |              |
| Pai         |   |    | (A) Income          | (B) Expens   | es     | (C) Net      |
| 1a          | Gross receipts or sales   |    |                     |              |        |              |
| b           | Less returns and allowances c Balance ▶   | 1c |                     |              |        |              |
| 2           | Cost of goods sold (Part III, line 8)   | 2  |                     |              |        |              |
| 3           | Gross profit. Subtract line 2 from line 1c  | 3  |                     |              |        |              |
| 4a          | Capital gain net income (attach Sch D (Form 1041 or Form  |    |                     |              |        |              |
|             | 1120)). See instructions  | 4a | 10,379.             |              |        | 10,379.      |
| b           | Net gain (loss) (Form 4797) (attach Form 4797). See instructions  | 4b |                     |              |        |              |
| С           | Capital loss deduction for trusts   | 4c |                     |              |        |              |
| 5           | Income (loss) from a partnership or an S corporation (attach  |    |                     |              |        |              |
|             | statement) SEE. STATEMENT. 1  |    | 13,293.             |              |        | 13,293.      |
| 6           | Rent income (Part IV)   | 6  |                     |              |        |              |
| 7           | Unrelated debt-financed income (Part V)   | 7  |                     |              |        |              |
| 8           | Interest, annuities, royalties, and rents from a controlled   |    |                     |              |        |              |
|             | organization (Part VI)  | 8  |                     |              |        |              |
| 9           | Investment income of section 501(c)(7), (9), or (17)  |    |                     |              |        |              |
|             | organizations (Part VII)  |    |                     |              |        |              |
| 10          | Exploited exempt activity income (Part VIII)  |    |                     |              |        |              |
| 11          | Advertising income (Part IX)  |    |                     |              |        |              |
| 12          | Other income (see instructions; attach statement)   |    | 00 600              |              |        | 00.650       |
| 13          | Total. Combine lines 3 through 12   |    | 23,672.             | . 5          |        | 23,672.      |
| Pal         | Deductions Not Taken Elsewhere See instructions to  |    | nitations on deduct | ions. Deduct | ions m | ust be       |
|             | directly connected with the unrelated business incom  |    |                     |              |        |              |
| 1           | Compensation of officers, directors, and trustees (Part X)  |    |                     |              | -      |              |
| 2           | Salaries and wages  |    |                     |              |        |              |
| 3           | Repairs and maintenance   |    |                     |              |        |              |
| 4           | Bad debts   |    |                     |              |        |              |
| 5           | Taxes and licenses  |    |                     |              | 5      |              |
| 6           |   |    |                     |              | 6      |              |
| 7<br>8      | Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return |    |                     |              | 8b     |              |
| 9           | Depletion   |    |                     |              |        |              |
| 10          | Contributions to deferred compensation plans  |    |                     |              |        |              |
|             | Employee benefit programs   |    |                     |              | 11     |              |
| 11<br>12    | Excess exempt expenses (Part VIII)  |    |                     |              | 12     |              |
| 13          | Excess readership costs (Part IX)   |    |                     |              | 13     |              |
| 14          | Other deductions (attach statement)   |    |                     |              | 14     |              |
| 15          | Total deductions. Add lines 1 through 14  |    |                     |              | 15     |              |
| 16          | Unrelated business income before net operating loss deduction   |    |                     |              | 13     |              |
| 10          | column (C)  |    |                     |              | 16     | 23,672.      |
| 17          | Deduction for net operating loss. See instructions  |    |                     |              | 17     | NONE         |
| 18          | Unrelated business taxable income. Subtract line 17 from line   |    |                     |              | _      | 23,672.      |
| <u> </u>    | Chi clated addings taxable modific. Capitact mic 17 Hom line  |    |                     |              | 10     | 43,014.      |

For Paperwork Reduction Act Notice, see instructions.

|     | t III Cost of Goods Sold   | Inter method of inventor       | ory valuation ▶                |                            | raye <b>z</b> |
|-----|--|--------------------------------|--------------------------------|----------------------------|---------------|
| 1   | Inventory at beginning of year   |                                |                                |                            |               |
| 2   | Purchases  |                                |                                | 2                          |               |
| 3   | Cost of labor  |                                |                                |                            |               |
| 4   | Additional section 263A costs (attach statement)                                       |                                |                                | 4                          |               |
| 5   | Other costs (attach statement)   |                                |                                | 5                          |               |
| 6   | <b>Total.</b> Add lines 1 through 5  |                                |                                | 6                          |               |
| 7   | Inventory at end of year   |                                |                                |                            |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En                                    |                                |                                |                            |               |
| 9   | Do the rules of section 263A (with respect to pro                                      |                                |                                |                            | Yes No        |
| Par | t IV Rent Income (From Real Property   |                                |                                |                            |               |
| 1   | Description of property (property street address, c                                    | ity, state, ZIP code). Check   | if a dual-use. See instruction | ons.                       |               |
|     | A  |                                |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с —  |                                |                                |                            |               |
|     | D  |                                | _                              | _                          |               |
|     | _  | A                              | В                              | С                          | D             |
| 2   | Rent received or accrued   |                                |                                |                            |               |
| а   | From personal property (if the percentage of   |                                |                                |                            |               |
|     | rent for personal property is more than 10%  |                                |                                |                            |               |
|     | but not more than 50%)   |                                |                                |                            |               |
| b   | From real and personal property (if the percentage of rent for personal property       |                                |                                |                            |               |
|     | exceeds 50% or if the rent is based on profit or                                       |                                |                                |                            |               |
|     | income)  |                                |                                |                            |               |
| _   | <i>'</i>   |                                |                                |                            |               |
| С   | Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D |                                |                                |                            |               |
| •   | Total rents received or accrued. Add line 2c colur                                     | nna A through D. Entar ha      | ro and an Dart L line 6 calu   | mn (A)                     |               |
| 3   | Total ferits received of accrued. Add line 20 colur                                    | iins A through D. Enter he     | e and on Part I, line o, colu  | (A)                        |               |
| 4   | Deductions directly connected with the income  |                                |                                |                            |               |
| -   | in lines 2(a) and 2(b) (attach statement)  |                                |                                |                            |               |
| 5   | Total deductions. Add line 4 columns A through D                                       | ) Enter here and on Part I     | line 6 column (B)              |                            |               |
| ·   | Total addactional year mile it columns year and agric                                  | . Entor noro and on rait i,    | ( <i>b</i> )                   |                            |               |
| Par | t V Unrelated Debt-Financed Income (   | see instructions)              |                                |                            |               |
| 1   | Description of debt-financed property (street addre                                    | ess, city, state, ZIP code). ( | Check if a dual-use. See ins   | structions.                |               |
|     | A  | , , , ,                        |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с 🗌  |                                |                                |                            |               |
|     | D  |                                |                                |                            |               |
|     |  | Α                              | В                              | С                          | D             |
| 2   | Gross income from or allocable to debt -   |                                |                                |                            |               |
|     | financed property  |                                |                                |                            |               |
| 3   | Deductions directly connected with or allocable  |                                |                                |                            |               |
|     | to debt-financed property  |                                |                                |                            |               |
| а   | Straight line depreciation (attach statement).   |                                |                                |                            |               |
| b   | Other deductions (attach statement)  |                                |                                |                            |               |
| С   | Total deductions (add lines 3a and 3b,   |                                |                                |                            |               |
|     | columns A through D)   |                                |                                |                            |               |
| 4   | Amount of average acquisition debt on or allocable                                     |                                |                                |                            |               |
|     | to debt - financed property (attach statement)   |                                |                                |                            |               |
| 5   | Average adjusted basis of or allocable to debt-  |                                |                                |                            |               |
|     | financed property (attach statement)   |                                |                                |                            |               |
| 6   | Divide line 4 by line 5  | %                              | %                              | %                          | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6                                     |                                |                                |                            |               |
| 8   | Total gross income (add line 7, columns A through                                      | h D). Enter here and on Pa     | art I, line 7, column (A) 🔒 .  | · · · · · · · · • <u> </u> |               |
|     |  | I                              | I                              | 1                          |               |
| 9   | Allocable deductions. Multiply line 3c by line 6                                       |                                |                                |                            |               |
| 10  | Total allocable deductions. Add line 9, columns A                                      | -                              | •                              |                            |               |
| 11  | Total dividends-received deductions included in l                                      | ine 10                         |                                | <b> </b>                   |               |

| Schedule A (Form 990-T) 2021    |                                   |   |             |   |   |     | Page 3  |
|---------------------------------|-----------------------------------|---|-------------|---|---|-----|---|
| Part VI Interest, Ann           | uities, Royalt                    | ies, and Rents  | s from C    | ontrolled Organi                              | zations (see instructions)  |     |   |
|                                 |                                   |   |             | Exempt Cor                                    | ntrolled Organizations  |     |   |
| Name of controlled organization | 2. Employer identification number | 3. Net unrelate income (loss) (see instruction            | )           | I. Total of specified payments made           | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  |     | Deductions directly connected with ncome in column 5                  |
| (1)                             |                                   |   |             |   |   |     |   |
| (2)                             |                                   |   |             |   |   |     |   |
| (3)                             |                                   |   |             |   |   |     |   |
| (4)                             |                                   |   |             |   |   |     |   |
|                                 | •                                 | Nonexe  | empt Cont   | rolled Organization                           | ns  |     |   |
| 7. Taxable income               | ind                               | let unrelated<br>come (loss)<br>instructions)             |             | otal of specified ayments made                | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income |     | Deductions directly connected with come in column 10                  |
| (1)                             |                                   |   |             |   |   |     |   |
| (2)                             |                                   |   |             |   |   |     |   |
| (3)                             |                                   |   |             |   |   |     |   |
| (4)                             |                                   |   |             |   |   |     |   |
| Totals                          |                                   |   |             |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                            | Ent | d columns 6 and 11.<br>ter here and on Part I,<br>line 8, column (B)  |
| Part VII Investment II          |                                   |   |             | or (17) Organiza                              | tion (see instructions)   |     |   |
| 1. Description of income        |                                   | ount of income  | dir         | 3. Deductions ectly connected tach statement) | 4. Set-asides (attach statement)  |     | . Total deductions<br>and set-asides<br>dd columns 3 and 4)           |
| (1)                             |                                   |   |             |   |   |     |   |
| (2)                             |                                   |   |             |   |   |     |   |
| (3)                             |                                   |   |             |   |   |     |   |
| (4)                             |                                   |   |             |   |   |     |   |
| Totals                          | Enter he                          | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |             |   |   | Ent | amounts in column 5.<br>ter here and on Part I,<br>line 9, column (B) |
| Part VIII Exploited Ex          | empt Activity                     | / Income, Oth   | er Than A   | Advertising Inco                              | me (see instructions)   |     |   |
| 1 Description of exploite       |                                   |   |             |   |   |     |   |
| 2 Gross unrelated busin         | ness income fro                   | om trade or bus   | iness. Ente | er here and on Pa                             | art I, line 10, column (A)  | 2   |   |
| 3 Expenses directly co          | nnected with p                    | production of ur  | nrelated b  | usiness income. Er                            | nter here and on Part I,  |     |   |
| line 10, column (B)             |                                   |   |             |   |   | 3   |   |
| 4 Net income (loss) f           | rom unrelated t                   | rade or busines   | s. Subtra   | ct line 3 from line                           | e 2. If a gain, complete  |     |   |
| lines 5 through 7               |                                   |   |             |   |   | 4   |   |
| 5 Gross income from a           | ctivity that is not               | unrelated business  | s income.   |   |   | 5   |   |
| 6 Expenses attributable         | to income entere                  | ed on line 5  |             |   |   | 6   |   |
| 7 Excess exempt exper           | nses. Subtract I                  | ine 5 from line   | 6, but d    | o not enter more                              | than the amount on line   |     |   |
| 4. Enter here and on F          | art II, line 12                   |   |             | <u> </u>                                      |   | 7   |   |

| 1     | t IX Advertising Income  |   |                     |                       |                                |
|-------|--|---|---------------------|-----------------------|--------------------------------|
|       | Name(s) of periodical(s). Check box                              | x if reporting two or more periodicals on a | consolidated basis. |                       |                                |
|       | A .  |   |                     |                       |                                |
|       | В  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | <u> </u>   |   |                     |                       |                                |
|       | D  |   |                     |                       |                                |
| Enter | amounts for each periodical listed at                            | pove in the corresponding column.           |                     |                       |                                |
|       |  | A   | В                   | С                     | D                              |
| 2     | Gross advertising income   |   |                     |                       |                                |
| a     |  | ere and on Part I, line 11, column (A)      |                     |                       |                                |
| a     | Add coldiniis A through B. Enter he                              | are and on rearri, line 11, column (A).     |                     | · · · · · · · · · · • |                                |
|       |  |   |                     |                       |                                |
| 3     | Direct advertising costs by periodical                           |   |                     |                       |                                |
| а     | Add columns A through D. Enter he                                | re and on Part I, line 11, column (B)       |                     |                       | <b>-</b>                       |
|       |  |   |                     |                       |                                |
| 4     | Advertising gain (loss). Subtract line                           | 3 from line                                 |                     |                       |                                |
|       | 2. For any column in line 4 show                                 |   |                     |                       |                                |
|       | complete lines 5 through 8. For any                              |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | line 4 showing a loss or zero, do no                             |   |                     |                       |                                |
|       | lines 5 through 7, and enter zero on                             |   |                     |                       |                                |
| 5     | Readership costs   |   |                     |                       |                                |
| 6     | Circulation income   |   |                     |                       |                                |
| 7     | Excess readership costs. If line 6 i                             | s less than                                 |                     |                       |                                |
|       | line 5, subtract line 6 from line 5. If I                        | ine 5 is less                               |                     |                       |                                |
|       | than line 6, enter zero  |   |                     |                       |                                |
| 8     | Excess readership costs allow                                    |   |                     |                       |                                |
| o     | •  |   |                     |                       |                                |
|       | deduction. For each column showin                                |   |                     |                       |                                |
|       | line 4, enter the lesser of line 4 or lin                        |   |                     |                       |                                |
| а     |  | D. Enter the greater of the line 8          |                     |                       | 1                              |
|       | Part II, line 13   |   |                     |                       | <b></b>                        |
| Par   | t Y Componentian of Office                                       | ers, Directors, and Trustees (see           | instructions)       |                       |                                |
| ıaı   | Compensation of Office   |   |                     |                       |                                |
|       |  |   | 3                   | . Percentage          | <ol><li>Compensation</li></ol> |
|       | 1. Name  | 2. Title                                    | of                  | time devoted          | attributable to                |
|       |  |   |                     | to business           | unrelated business             |
| /1\   |  |   |                     | 0/                    |                                |
| (1)   |  |   |                     | %                     |                                |
| (2)   |  |   |                     | %                     |                                |
| (3)   |  |   |                     | %                     |                                |
| (4)   |  |   |                     | %                     |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
| Total | I. Enter here and on Part II, line 1                             |   |                     |                       |                                |
|       |  | ion (see instructions)                      |                     |                       |                                |
|       | I. Enter here and on Part II, line 1 It XI Supplemental Informat |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |

JSA 1X2753 1.000 16733H K932

### SCHEDULE A: FUND 4

| TNCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORP | ORATTONC |
|---|----------|

| ======================================= | SHARE OF GROSS INCOME | SHARE OF DEDUCTIONS | GAIN OR (LOSS) |
|---|-----------------------|---------------------|----------------|
| NET ORDINARY INCOME - INVESTMENTS K-1   | 13,293.               |                     | 13,293.        |

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

13,293. ==========

A Name of the organization

CHARLES KOCH FOUNDATION

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

B Employer identification number

48-0918408

OMB No. 1545-0074

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

Open to Public Inspection for 501(c)(3). Department of the Treasury Internal Revenue Service

| <b>C</b> Un | related business activity code (see instructions) ▶ 903005                         |    |                 | D S        | Sequence:    | 5        | of      | 17             |
|-------------|--|----|-----------------|------------|--------------|----------|---------|----------------|
|             |  |    |                 |            |              |          |         |                |
| Par         | scribe the unrelated trade or business ►FUND 5  Unrelated Trade or Business Income |    | (A) Income      |            | (B) Expens   | es       |         | (C) Net        |
| 1a          | Gross receipts or sales  |    |                 |            |              |          |         |                |
| b           | Less returns and allowances c Balance ▶  | 1c |                 |            |              |          |         |                |
| 2           | Cost of goods sold (Part III, line 8)  | 2  |                 |            |              |          |         |                |
| 3           | Gross profit. Subtract line 2 from line 1c   | 3  |                 |            |              |          |         |                |
| 4a          | Capital gain net income (attach Sch D (Form 1041 or Form                           |    |                 |            |              |          |         |                |
|             | 1120)). See instructions   | 4a |                 |            |              |          |         |                |
| b           | Net gain (loss) (Form 4797) (attach Form 4797). See instructions                   | 4b |                 |            |              |          |         |                |
| С           | Capital loss deduction for trusts  | 4c |                 |            |              |          |         |                |
| 5           | Income (loss) from a partnership or an S corporation (attach                       |    |                 |            |              |          |         |                |
|             | statement) SEE. STATEMENT. 1   | 5  | -117,50         | <u>)3.</u> |              |          | -1      | <u>17,503.</u> |
| 6           | Rent income (Part IV)  | 6  |                 |            |              |          |         |                |
| 7           | Unrelated debt-financed income (Part V)  | 7  |                 |            |              |          |         |                |
| 8           | Interest, annuities, royalties, and rents from a controlled                        |    |                 |            |              |          |         |                |
|             | organization (Part VI)   | 8  |                 |            |              |          |         |                |
| 9           | Investment income of section 501(c)(7), (9), or (17)                               |    |                 |            |              |          |         |                |
| 40          | organizations (Part VII)   | 9  |                 |            |              |          |         |                |
| 10          | Exploited exempt activity income (Part VIII)                                       | 10 |                 |            |              |          |         |                |
| 11          | Advertising income (Part IX)   | 11 |                 |            |              |          |         |                |
| 12          | Other income (see instructions; attach statement)                                  |    | 117 5           | 2.2        |              |          | 1       | 17 502         |
| 13<br>Par   | Total. Combine lines 3 through 12  |    | -117,50         |            | iono Doduct  | iono r   |         | <u>17,503.</u> |
| rai         | directly connected with the unrelated business incom                               |    | iliations on de | uuci       | ions. Deduci | .10115 1 | nust be | <b>3</b>       |
| 1           | Compensation of officers, directors, and trustees (Part X)                         |    |                 |            |              | 1        |         |                |
| 2           | Salaries and wages   |    |                 |            |              | 2        |         |                |
| 3           | Repairs and maintenance  |    |                 |            |              | 3        |         |                |
| 4           | Bad debts  |    |                 |            |              | 4        |         |                |
| 5           | Interest (attach statement). See instructions                                      |    |                 |            |              | 5        |         |                |
| 6           | Taxes and licenses   |    |                 |            |              | 6        |         |                |
| 7           | Depreciation (attach Form 4562). See instructions                                  |    | 7               |            |              |          |         |                |
| 8           | Less depreciation claimed in Part III and elsewhere on return .                    |    | 8a              |            |              | 8b       |         |                |
| 9           | Depletion  |    |                 |            |              | 9        |         |                |
| 10          | Contributions to deferred compensation plans                                       |    |                 |            |              | 10       |         |                |
| 11          | Employee benefit programs  |    |                 |            |              | 11       |         |                |
| 12          | Excess exempt expenses (Part VIII)   |    |                 |            |              | 12       |         |                |
| 13          | Excess readership costs (Part IX)  |    |                 |            |              | 13       |         |                |
| 14          | Other deductions (attach statement)  |    |                 |            |              | 14       |         |                |
| 15          | Total deductions. Add lines 1 through 14   |    |                 |            |              | 15       |         |                |
| 16          | Unrelated business income before net operating loss deduction                      |    |                 |            |              |          |         |                |
|             | column (C)   |    |                 |            |              | 16       | _1      | <u>17,503.</u> |
| 17          | Deduction for net operating loss. See instructions                                 |    |                 |            |              | 17       |         |                |
| 18          | Unrelated business taxable income. Subtract line 17 from line                      | 16 |                 |            |              |          |         | <u>17,503.</u> |
| For P       | aperwork Reduction Act Notice, see instructions.                                   |    |                 |            | Sc           | hedule   | A (Forn | n 990-T) 2021  |

|     | t III Cost of Goods Sold   | Inter method of inventor       | ory valuation ▶                |                            | raye <b>z</b> |
|-----|--|--------------------------------|--------------------------------|----------------------------|---------------|
| 1   | Inventory at beginning of year   |                                |                                |                            |               |
| 2   | Purchases  |                                |                                | 2                          |               |
| 3   | Cost of labor  |                                |                                |                            |               |
| 4   | Additional section 263A costs (attach statement)                                       |                                |                                | 4                          |               |
| 5   | Other costs (attach statement)   |                                |                                | 5                          |               |
| 6   | <b>Total.</b> Add lines 1 through 5  |                                |                                | 6                          |               |
| 7   | Inventory at end of year   |                                |                                |                            |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En                                    |                                |                                |                            |               |
| 9   | Do the rules of section 263A (with respect to pro                                      |                                |                                |                            | Yes No        |
| Par | t IV Rent Income (From Real Property   |                                |                                |                            |               |
| 1   | Description of property (property street address, c                                    | ity, state, ZIP code). Check   | if a dual-use. See instruction | ons.                       |               |
|     | A  |                                |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с —  |                                |                                |                            |               |
|     | D  |                                | _                              | _                          |               |
|     | _  | A                              | В                              | С                          | D             |
| 2   | Rent received or accrued   |                                |                                |                            |               |
| а   | From personal property (if the percentage of   |                                |                                |                            |               |
|     | rent for personal property is more than 10%  |                                |                                |                            |               |
|     | but not more than 50%)   |                                |                                |                            |               |
| b   | From real and personal property (if the percentage of rent for personal property       |                                |                                |                            |               |
|     | exceeds 50% or if the rent is based on profit or                                       |                                |                                |                            |               |
|     | income)  |                                |                                |                            |               |
| _   | <i>'</i>   |                                |                                |                            |               |
| С   | Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D |                                |                                |                            |               |
| •   | Total rents received or accrued. Add line 2c colur                                     | nna A through D. Entar ha      | ro and an Dart L line 6 calu   | mn (A)                     |               |
| 3   | Total ferits received of accrued. Add line 20 colur                                    | iins A through D. Enter he     | e and on Part I, line o, colu  | (A)                        |               |
| 4   | Deductions directly connected with the income  |                                |                                |                            |               |
| -   | in lines 2(a) and 2(b) (attach statement)  |                                |                                |                            |               |
| 5   | Total deductions. Add line 4 columns A through D                                       | ) Enter here and on Part I     | line 6 column (B)              |                            |               |
| ·   | Total addabilology taa iiilo T oolaliiilo y tili oagii E                               | . Entor noro and on rait i,    | ( <i>b</i> )                   |                            |               |
| Par | t V Unrelated Debt-Financed Income (   | see instructions)              |                                |                            |               |
| 1   | Description of debt-financed property (street addre                                    | ess, city, state, ZIP code). ( | Check if a dual-use. See ins   | structions.                |               |
|     | A  | , , , ,                        |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с 🗌  |                                |                                |                            |               |
|     | D  |                                |                                |                            |               |
|     |  | Α                              | В                              | С                          | D             |
| 2   | Gross income from or allocable to debt -   |                                |                                |                            |               |
|     | financed property  |                                |                                |                            |               |
| 3   | Deductions directly connected with or allocable  |                                |                                |                            |               |
|     | to debt-financed property  |                                |                                |                            |               |
| а   | Straight line depreciation (attach statement).   |                                |                                |                            |               |
| b   | Other deductions (attach statement)  |                                |                                |                            |               |
| С   | Total deductions (add lines 3a and 3b,   |                                |                                |                            |               |
|     | columns A through D)   |                                |                                |                            |               |
| 4   | Amount of average acquisition debt on or allocable                                     |                                |                                |                            |               |
|     | to debt - financed property (attach statement)   |                                |                                |                            |               |
| 5   | Average adjusted basis of or allocable to debt-  |                                |                                |                            |               |
|     | financed property (attach statement)   |                                |                                |                            |               |
| 6   | Divide line 4 by line 5  | %                              | %                              | %                          | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6                                     |                                |                                |                            |               |
| 8   | Total gross income (add line 7, columns A through                                      | h D). Enter here and on Pa     | art I, line 7, column (A) 🔒 .  | · · · · · · · · • <u> </u> |               |
|     |  | I                              | I                              | 1                          |               |
| 9   | Allocable deductions. Multiply line 3c by line 6                                       |                                |                                |                            |               |
| 10  | Total allocable deductions. Add line 9, columns A                                      | -                              | •                              |                            |               |
| 11  | Total dividends-received deductions included in l                                      | ine 10                         |                                | <b> </b>                   |               |

| Part VI Interest, Ann                   | nuities. Rovalt                   | ies. and Rents  | s from Controlled Organi                                 | izations (see instructions)   | r age <b>C</b>  |
|---|-----------------------------------|---|--|---|---|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                   | ,   |  | ntrolled Organizations  |   |
| Name of controlled organization         | 2. Employer identification number | 3. Net unrelate income (loss) (see instruction            | payments made  | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  | 6. Deductions directly connected with income in column 5                    |
| (1)                                     |                                   |   |  |   |   |
| (2)                                     |                                   |   |  |   |   |
| (3)                                     |                                   |   |  |   |   |
| (4)                                     |                                   |   |  |   |   |
|   | •                                 | Nonexe  | empt Controlled Organization                             | ns  |   |
| 7. Taxable income                       | ind                               | let unrelated come (loss) e instructions)                 | 9. Total of specified payments made                      | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income | 11. Deductions directly connected with income in column 10                  |
| (1)                                     |                                   |   |  |   |   |
| (2)                                     |                                   |   |  |   |   |
| (3)                                     |                                   |   |  |   |   |
| (4)                                     |                                   |   |  |   |   |
| Totals                                  |                                   |   |  | Add columns 5 and 10.<br>Enter here and on Part I,<br>line 8, column (A)                      | Add columns 6 and 11.<br>Enter here and on Part I,<br>line 8, column (B)    |
| Part VII Investment I                   | Income of a S                     | ection 501(c)   | (7), (9), or (17) Organiza                               | ntion (see instructions)  | ·   |
| 1. Description of income                |                                   | ount of income  | Deductions     directly connected     (attach statement) | 4. Set-asides (attach statement)  | 5. Total deductions<br>and set-asides<br>(add columns 3 and 4)              |
| (1)                                     |                                   |   |  |   |   |
| (2)                                     |                                   |   |  |   |   |
| (3)                                     |                                   |   |  |   |   |
| (4)                                     |                                   |   |  |   |   |
| Totals                                  | Enter he                          | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |  |   | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B) |
| Part VIII Exploited Ex                  | xempt Activity                    | / Income, Othe  | er Than Advertising Inco                                 | me (see instructions)   |   |
| Description of exploit                  |                                   | •   |  | ,   |   |
| 2 Gross unrelated bus                   | iness income fro                  | om trade or bus   | iness. Enter here and on Pa                              | art I, line 10, column (A)  | 2   |
| 3 Expenses directly co                  | onnected with p                   | production of ur  | nrelated business income. Er                             | nter here and on Part I,  |   |
| line 10, column (B) .                   |                                   |   |  |   | 3   |
| 4 Net income (loss)                     | from unrelated t                  | rade or busines   | s. Subtract line 3 from line                             | e 2. If a gain, complete  |   |
| lines 5 through 7                       |                                   |   |  |   | 4   |
| 5 Gross income from a                   | activity that is not              | unrelated business  | sincome  |   | 5   |
| 6 Expenses attributable                 | e to income entere                | ed on line 5  |  |   | 6   |
| 7 Excess exempt expe                    | enses. Subtract I                 | ine 5 from line   | 6, but do not enter more                                 | than the amount on line   |   |
| 4. Enter here and on I                  | Part II, line 12                  |   |  |   | 7   |

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| 1     | t IX Advertising Income  |   |                     |                       |                                |
|-------|--|---|---------------------|-----------------------|--------------------------------|
|       | Name(s) of periodical(s). Check box                              | x if reporting two or more periodicals on a | consolidated basis. |                       |                                |
|       | Α  |   |                     |                       |                                |
|       | В  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | <u> </u>   |   |                     |                       |                                |
|       | D  |   |                     |                       |                                |
| Enter | amounts for each periodical listed at                            | pove in the corresponding column.           |                     |                       |                                |
|       |  | A   | В                   | С                     | D                              |
| 2     | Gross advertising income   |   |                     |                       |                                |
| a     |  | ere and on Part I, line 11, column (A)      |                     |                       |                                |
| a     | Add coldiniis A through B. Enter he                              | are and on rearri, line 11, column (A).     |                     | · · · · · · · · · · • |                                |
|       |  |   |                     |                       |                                |
| 3     | Direct advertising costs by periodical                           |   |                     |                       |                                |
| а     | Add columns A through D. Enter he                                | re and on Part I, line 11, column (B)       |                     |                       | <b>-</b>                       |
|       |  |   |                     |                       |                                |
| 4     | Advertising gain (loss). Subtract line                           | 3 from line                                 |                     |                       |                                |
|       | 2. For any column in line 4 show                                 |   |                     |                       |                                |
|       | complete lines 5 through 8. For any                              |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | line 4 showing a loss or zero, do no                             |   |                     |                       |                                |
|       | lines 5 through 7, and enter zero on                             |   |                     |                       |                                |
| 5     | Readership costs   |   |                     |                       |                                |
| 6     | Circulation income   |   |                     |                       |                                |
| 7     | Excess readership costs. If line 6 i                             | s less than                                 |                     |                       |                                |
|       | line 5, subtract line 6 from line 5. If I                        | ine 5 is less                               |                     |                       |                                |
|       | than line 6, enter zero  |   |                     |                       |                                |
| 8     | Excess readership costs allow                                    |   |                     |                       |                                |
| o     | •  |   |                     |                       |                                |
|       | deduction. For each column showin                                |   |                     |                       |                                |
|       | line 4, enter the lesser of line 4 or lin                        |   |                     |                       |                                |
| а     |  | D. Enter the greater of the line 8          |                     |                       | 1                              |
|       | Part II, line 13   |   |                     |                       | <b></b>                        |
| Par   | t Y Componentian of Office                                       | ers, Directors, and Trustees (see           | instructions)       |                       |                                |
| ıaı   | Compensation of Office   |   |                     |                       |                                |
|       |  |   | 3                   | . Percentage          | <ol><li>Compensation</li></ol> |
|       | 1. Name  | 2. Title                                    | of                  | time devoted          | attributable to                |
|       |  |   |                     | to business           | unrelated business             |
| /1\   |  |   |                     | 0/                    |                                |
| (1)   |  |   |                     | %                     |                                |
| (2)   |  |   |                     | %                     |                                |
| (3)   |  |   |                     | %                     |                                |
| (4)   |  |   |                     | %                     |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
| Total | I. Enter here and on Part II, line 1                             |   |                     |                       |                                |
|       |  | ion (see instructions)                      |                     |                       |                                |
|       | I. Enter here and on Part II, line 1 It XI Supplemental Informat |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
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|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |

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### SCHEDULE A: FUND 5

| TNCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORP | ORATTONC |
|---|----------|

|                        | ============ |
|------------------------|--------------|
| SHARE OF SHARE OF      |              |
| GROSS INCOME DEDUCTION | ONS (LOSS)   |

-117,503. -117,503. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS -117,503.

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

| internal revenue del vide                                      | 50.(5)(5) 5. gam=amons 5)        |
|--|----------------------------------|
| A Name of the organization                                     | B Employer identification number |
| CHARLES KOCH FOUNDATION  | 48-0918408                       |
| C Unrelated business activity code (see instructions) ▶ 903006 | <b>D</b> Sequence: 6 of 17       |

| Par | Unrelated Trade or Business Income                               |        | (A) Income             | (B) Expense    | s       | (C) Ne |
|-----|--|--------|------------------------|----------------|---------|--------|
| 1a  | Gross receipts or sales  |        |                        |                |         |        |
| b   | Less returns and allowances c Balance ▶                          | 1c     |                        |                |         |        |
| 2   | Cost of goods sold (Part III, line 8)                            | 2      |                        |                |         |        |
| 3   | Gross profit. Subtract line 2 from line 1c                       | 3      |                        |                |         |        |
| 4a  | Capital gain net income (attach Sch D (Form 1041 or Form         |        |                        |                |         |        |
|     | 1120)). See instructions   | 4a     |                        |                |         |        |
| b   | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b     |                        |                |         |        |
| С   | Capital loss deduction for trusts                                | 4c     |                        |                |         |        |
| 5   | Income (loss) from a partnership or an S corporation (attach     |        |                        |                |         |        |
|     | statement)   | 5      |                        |                |         |        |
| 6   | Rent income (Part IV)  | 6      |                        |                |         |        |
| 7   | Unrelated debt-financed income (Part V)                          | 7      |                        |                |         |        |
| 8   | Interest, annuities, royalties, and rents from a controlled      |        |                        |                |         |        |
|     | organization (Part VI)   | 8      |                        |                |         |        |
| 9   | Investment income of section 501(c)(7), (9), or (17)             |        |                        |                |         |        |
|     | organizations (Part VII)   | 9      |                        |                |         |        |
| 0   | Exploited exempt activity income (Part VIII)                     | 10     |                        |                |         |        |
| 1   | Advertising income (Part IX)                                     | 11     |                        |                |         |        |
| 2   | Other income (see instructions; attach statement)                | 12     |                        |                |         |        |
| 3   | Total. Combine lines 3 through 12                                | 13     |                        |                |         |        |
| Par | Deductions Not Taken Elsewhere See instructions f                | or lin | ritations on deduction | ons. Deduction | ons mus | t be   |
|     | directly connected with the unrelated business incom             | е      |                        |                |         |        |
| 1   | Compensation of officers, directors, and trustees (Part X)       |        |                        |                | 1       |        |
| 2   | Salaries and wages   |        |                        |                | 2       |        |
| 3   | Repairs and maintenance  |        |                        |                | 3       |        |
| 4   | Bad debts  |        |                        |                | 4       |        |
| 5   | Interest (attach statement). See instructions                    |        |                        |                | 5       |        |
| 6   | Taxes and licenses   |        |                        |                | 6       |        |
| 7   | Depreciation (attach Form 4562). See instructions                |        | 7                      |                |         |        |
| 8   | Less depreciation claimed in Part III and elsewhere on return    |        | <u>8</u> a             |                | 8b      |        |
| 9   | Depletion  |        |                        |                | 9       |        |
| 0   | Contributions to deferred compensation plans                     |        |                        |                | 10      |        |
| 1   | Employee benefit programs  |        |                        |                | 11      |        |
| 2   | Excess exempt expenses (Part VIII)                               |        |                        | í              | 12      |        |
| 3   | Excess readership costs (Part IX)                                |        |                        |                | 13      |        |
| 4   | Other deductions (attach statement)                              |        |                        |                | 14      |        |
| 5   | Total deductions. Add lines 1 through 14                         |        |                        | i i            | 15      |        |
| 6   | Unrelated business income before net operating loss deduction.   |        |                        | T T            |         |        |
|     | column (C)   |        |                        |                | 16      |        |
| 7   | Deduction for net operating loss. See instructions               |        |                        |                | 17      |        |
| 8   | Unrelated husiness taxable income Subtract line 17 from line 1   |        |                        | -              | 18      |        |

For Paperwork Reduction Act Notice, see instructions.

|     | t III Cost of Goods Sold   | Inter method of inventor       | ory valuation ▶                |                            | raye <b>z</b> |
|-----|--|--------------------------------|--------------------------------|----------------------------|---------------|
| 1   | Inventory at beginning of year   |                                |                                |                            |               |
| 2   | Purchases  |                                |                                | 2                          |               |
| 3   | Cost of labor  |                                |                                |                            |               |
| 4   | Additional section 263A costs (attach statement)                                       |                                |                                | 4                          |               |
| 5   | Other costs (attach statement)   |                                |                                | 5                          |               |
| 6   | <b>Total.</b> Add lines 1 through 5  |                                |                                | 6                          |               |
| 7   | Inventory at end of year   |                                |                                |                            |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En                                    |                                |                                |                            |               |
| 9   | Do the rules of section 263A (with respect to pro                                      |                                |                                |                            | Yes No        |
| Par | t IV Rent Income (From Real Property   |                                |                                |                            |               |
| 1   | Description of property (property street address, c                                    | ity, state, ZIP code). Check   | if a dual-use. See instruction | ons.                       |               |
|     | A  |                                |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с —  |                                |                                |                            |               |
|     | D  |                                | _                              | _                          |               |
|     | _  | A                              | В                              | С                          | D             |
| 2   | Rent received or accrued   |                                |                                |                            |               |
| а   | From personal property (if the percentage of   |                                |                                |                            |               |
|     | rent for personal property is more than 10%  |                                |                                |                            |               |
|     | but not more than 50%)   |                                |                                |                            |               |
| b   | From real and personal property (if the percentage of rent for personal property       |                                |                                |                            |               |
|     | exceeds 50% or if the rent is based on profit or                                       |                                |                                |                            |               |
|     | income)  |                                |                                |                            |               |
| _   | <i>'</i>   |                                |                                |                            |               |
| С   | Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D |                                |                                |                            |               |
| •   | Total rents received or accrued. Add line 2c colur                                     | nna A through D. Entar ha      | ro and an Dart L line 6 calu   | mn (A)                     |               |
| 3   | Total ferits received of accrued. Add line 20 colur                                    | iins A through D. Enter he     | e and on Part I, line o, colu  | (A)                        |               |
| 4   | Deductions directly connected with the income  |                                |                                |                            |               |
| -   | in lines 2(a) and 2(b) (attach statement)  |                                |                                |                            |               |
| 5   | Total deductions. Add line 4 columns A through D                                       | ) Enter here and on Part I     | line 6 column (B)              |                            |               |
| ·   | Total addactional year mile it columns year and agric                                  | . Entor noro and on rait i,    | ( <i>b</i> )                   |                            |               |
| Par | t V Unrelated Debt-Financed Income (   | see instructions)              |                                |                            |               |
| 1   | Description of debt-financed property (street addre                                    | ess, city, state, ZIP code). ( | Check if a dual-use. See ins   | structions.                |               |
|     | A  | , , , ,                        |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с 🗌  |                                |                                |                            |               |
|     | D  |                                |                                |                            |               |
|     |  | Α                              | В                              | С                          | D             |
| 2   | Gross income from or allocable to debt -   |                                |                                |                            |               |
|     | financed property  |                                |                                |                            |               |
| 3   | Deductions directly connected with or allocable  |                                |                                |                            |               |
|     | to debt-financed property  |                                |                                |                            |               |
| а   | Straight line depreciation (attach statement).   |                                |                                |                            |               |
| b   | Other deductions (attach statement)  |                                |                                |                            |               |
| С   | Total deductions (add lines 3a and 3b,   |                                |                                |                            |               |
|     | columns A through D)   |                                |                                |                            |               |
| 4   | Amount of average acquisition debt on or allocable                                     |                                |                                |                            |               |
|     | to debt - financed property (attach statement)   |                                |                                |                            |               |
| 5   | Average adjusted basis of or allocable to debt-  |                                |                                |                            |               |
|     | financed property (attach statement)   |                                |                                |                            |               |
| 6   | Divide line 4 by line 5  | %                              | %                              | %                          | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6                                     |                                |                                |                            |               |
| 8   | Total gross income (add line 7, columns A through                                      | h D). Enter here and on Pa     | art I, line 7, column (A) 🔒 .  | · · · · · · · · • <u> </u> |               |
|     |  | I                              | I                              | 1                          |               |
| 9   | Allocable deductions. Multiply line 3c by line 6                                       |                                |                                |                            |               |
| 10  | Total allocable deductions. Add line 9, columns A                                      | -                              | •                              |                            |               |
| 11  | Total dividends-received deductions included in l                                      | ine 10                         |                                | <b> </b>                   |               |

| Schedul | e A (Form 990-T) 2021           |                                   |   |          |   |  |  | Page 3        |
|---------|---------------------------------|-----------------------------------|---|----------|---|--|--|---------------|
| Part    | VI Interest, Ann                | uities, Royalt                    | ies, and Rents  | s fro    | m Controlled Organia                                | zations (see instructions)   |  |               |
|         |                                 |                                   |   |          | Exempt Con  | trolled Organizations  |  |               |
| 1.      | Name of controlled organization | 2. Employer identification number | 3. Net unrelate income (loss) (see instruction            | )        | 4. Total of specified payments made                 | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income | 6. Deduction connect income in                           | ed with       |
| (1)     |                                 |                                   |   |          |   |  |  |               |
| (2)     |                                 |                                   |   |          |   |  |  |               |
| (3)     |                                 |                                   |   |          |   |  |  |               |
| (4)     |                                 |                                   |   |          |   |  |  |               |
|         |                                 |                                   | Nonexe  | empt     | Controlled Organization                             | ns   |  |               |
|         | 7. Taxable income               | ine                               | let unrelated come (loss) e instructions)                 |          | 9. Total of specified payments made                 | 10. Part of column 9 that is included in the controlling organization's gross income         | 11. Deductions direct connected with income in column 10 |               |
| (1)     |                                 |                                   |   |          |   |  |  |               |
| (2)     |                                 |                                   |   |          |   |  |  |               |
| (3)     |                                 |                                   |   |          |   |  |  |               |
| (4)     |                                 |                                   |   |          |   |  |  |               |
| Totals  |                                 |                                   |   |          |   | Add columns 5 and 10.<br>Enter here and on Part I,<br>line 8, column (A)                     | Add column<br>Enter here ar<br>line 8, col               | nd on Part I, |
|         |                                 |                                   |   |          | (9), or (17) Organizat                              | t <b>ion</b> (see instructions)  | I  |               |
|         | 1. Description of income        |                                   | ount of income  |          | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement)   | 5. Total de<br>and set-<br>(add column                   | asides        |
| (1)     |                                 |                                   |   |          |   |  |  |               |
| (2)     |                                 |                                   |   |          |   |  |  |               |
| (3)     |                                 |                                   |   |          |   |  |  |               |
| (4)     |                                 |                                   |   |          |   |  |  |               |
| Totals  |                                 | Enter he                          | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |          |   |  | Add amounts<br>Enter here ar<br>line 9, col              | nd on Part I, |
|         |                                 |                                   | / Income Oth  | er Ti    | han Advertising Incom                               | ne (see instructions)  |  |               |
| 1       | Description of exploite         |                                   | ,,  | <u> </u> | ilan / la voi lionig ilioon                         | iie (eee meadane)  |  |               |
| 2       |                                 |                                   | om trade or bus   | iness    | Enter here and on Par                               | rt I, line 10, column (A)  | 2  |               |
| 3       |                                 |                                   |   |          | ted business income. En                             | ,  |  |               |
| -       | line 10, column (B)             |                                   |   |          |   |  | 3  |               |
| 4       | . ,                             |                                   |   | s. S     | ubtract line 3 from line                            | 2. If a gain, complete   |  |               |
|         | lines 5 through 7               |                                   |   |          |   |  | 4  |               |
| 5       | Gross income from ac            |                                   |   | s inco   | me  |  | 5  |               |
| 6       | Expenses attributable           |                                   |   |          |   |  | 6  |               |
| 7       | •                               |                                   |   |          |   | than the amount on line  |  |               |
|         | 4. Enter here and on P          | art II, line 12                   | <u> </u>  |          |   | <u></u>  | 7  |               |

| 1     | t IX Advertising Income  |   |                     |                       |                                |
|-------|--|---|---------------------|-----------------------|--------------------------------|
|       | Name(s) of periodical(s). Check box                              | x if reporting two or more periodicals on a | consolidated basis. |                       |                                |
|       | Α  |   |                     |                       |                                |
|       | В  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | <u> </u>   |   |                     |                       |                                |
|       | D  |   |                     |                       |                                |
| Enter | amounts for each periodical listed at                            | pove in the corresponding column.           |                     |                       |                                |
|       |  | A   | В                   | С                     | D                              |
| 2     | Gross advertising income   |   |                     |                       |                                |
| a     |  | ere and on Part I, line 11, column (A)      |                     |                       |                                |
| a     | Add coldiniis A through B. Enter he                              | are and on rearri, line 11, column (A).     |                     | · · · · · · · · · · • |                                |
|       |  |   |                     |                       |                                |
| 3     | Direct advertising costs by periodical                           |   |                     |                       |                                |
| а     | Add columns A through D. Enter he                                | re and on Part I, line 11, column (B)       |                     |                       | <b>-</b>                       |
|       |  |   |                     |                       |                                |
| 4     | Advertising gain (loss). Subtract line                           | 3 from line                                 |                     |                       |                                |
|       | 2. For any column in line 4 show                                 |   |                     |                       |                                |
|       | complete lines 5 through 8. For any                              |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | line 4 showing a loss or zero, do no                             |   |                     |                       |                                |
|       | lines 5 through 7, and enter zero on                             |   |                     |                       |                                |
| 5     | Readership costs   |   |                     |                       |                                |
| 6     | Circulation income   |   |                     |                       |                                |
| 7     | Excess readership costs. If line 6 i                             | s less than                                 |                     |                       |                                |
|       | line 5, subtract line 6 from line 5. If I                        | ine 5 is less                               |                     |                       |                                |
|       | than line 6, enter zero  |   |                     |                       |                                |
| 8     | Excess readership costs allow                                    |   |                     |                       |                                |
| O     | •  |   |                     |                       |                                |
|       | deduction. For each column showin                                |   |                     |                       |                                |
|       | line 4, enter the lesser of line 4 or lin                        |   |                     |                       |                                |
| а     |  | D. Enter the greater of the line 8          |                     |                       | 1                              |
|       | Part II, line 13   |   |                     |                       | <b></b>                        |
| Par   | t Y Componentian of Office                                       | ers, Directors, and Trustees (see           | instructions)       |                       |                                |
| ıaı   | Compensation of Office   |   |                     |                       |                                |
|       |  |   | 3                   | . Percentage          | <ol><li>Compensation</li></ol> |
|       | 1. Name  | 2. Title                                    | of                  | time devoted          | attributable to                |
|       |  |   |                     | to business           | unrelated business             |
| /1\   |  |   |                     | 0/                    |                                |
| (1)   |  |   |                     | %                     |                                |
| (2)   |  |   |                     | %                     |                                |
| (3)   |  |   |                     | %                     |                                |
| (4)   |  |   |                     | %                     |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
| Total | I. Enter here and on Part II, line 1                             |   |                     |                       |                                |
|       |  | ion (see instructions)                      |                     |                       |                                |
|       | I. Enter here and on Part II, line 1 It XI Supplemental Informat |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
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JSA 1X2753 1.000 16733H K932

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

B Employer identification number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

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

| _ <u>CH</u> | ARLES KOCH FOUNDATION  |    |            | 48-0           | 91840    | 78       |           |               |
|-------------|--|----|------------|----------------|----------|----------|-----------|---------------|
| <b>C</b> Ur | related business activity code (see instructions) ▶ 903007                 |    |            | <b>D</b> Seque | nce:     | 7        | of        | 17            |
| E De        | scribe the unrelated trade or business ►FUND 7                             |    |            |                |          |          |           |               |
| Par         | Unrelated Trade or Business Income   |    | (A) Income | (B             | ) Expens | ses      | (C        | ) Net         |
| 1a          | Gross receipts or sales  |    |            |                |          |          |           |               |
| b           | Less returns and allowances c Balance ▶                                    | 1c |            |                |          |          |           |               |
| 2           | Cost of goods sold (Part III, line 8)                                      | 2  |            |                |          |          |           |               |
| 3           | Gross profit. Subtract line 2 from line 1c                                 |    |            |                |          |          |           |               |
| 4a          | Capital gain net income (attach Sch D (Form 1041 or Form                   |    |            |                |          |          |           |               |
|             | 1120)). See instructions   | 4a |            |                |          |          |           |               |
| b           | Net gain (loss) (Form 4797) (attach Form 4797). See instructions           | 4b |            |                |          |          |           |               |
| С           | Capital loss deduction for trusts  | 4c |            |                |          |          |           |               |
| 5           | Income (loss) from a partnership or an S corporation (attach               |    |            |                |          |          |           |               |
|             | statement) SEE. STATEMENT. 1   |    | -71,94     | 11.            |          |          | <u> </u>  | <u>1,941.</u> |
| 6           | Rent income (Part IV)  |    |            |                |          |          |           |               |
| 7           | Unrelated debt-financed income (Part V)                                    | 7  |            |                |          |          |           |               |
| 8           | Interest, annuities, royalties, and rents from a controlled                |    |            |                |          |          |           |               |
| _           | organization (Part VI)   | 8  |            |                |          |          |           |               |
| 9           | Investment income of section $501(c)(7)$ , (9), or (17)                    |    |            |                |          |          |           |               |
| 40          | organizations (Part VIII)  |    |            |                |          |          |           |               |
| 10          | Exploited exempt activity income (Part VIII)                               |    |            |                |          |          |           |               |
| 11<br>12    | Other income (see instructions; attach statement)                          |    |            |                |          |          |           |               |
| 13          | Total. Combine lines 3 through 12  |    | -71,94     | 11             |          |          |           | 1,941.        |
|             | Deductions Not Taken Elsewhere See instructions f                          |    |            |                | Deduc    | tions m  |           | <u> </u>      |
| ı aı        | directly connected with the unrelated business incom                       | е  |            |                |          |          |           |               |
| 1           | Compensation of officers, directors, and trustees (Part X)                 |    |            |                |          |          |           |               |
| 2           | Salaries and wages   |    |            |                |          |          |           |               |
| 3           | Repairs and maintenance  |    |            |                |          |          |           |               |
| 4           | Bad debts  |    |            |                |          |          |           |               |
| 5           | Interest (attach statement). See instructions                              |    |            |                |          |          |           |               |
| 6           | Taxes and licenses   |    | 1 1        |                |          | 6        |           |               |
| 7           | Depreciation (attach Form 4562). See instructions                          |    |            |                |          | - OL     |           |               |
| 8           | Less depreciation claimed in Part III and elsewhere on return .  Depletion |    |            |                |          | 8b<br>9  |           |               |
| 9<br>10     | Contributions to deferred compensation plans                               |    |            |                |          | <b>—</b> |           |               |
| 11          | Employee benefit programs  |    |            |                |          |          |           |               |
| 12          | Excess exempt expenses (Part VIII)   |    |            |                |          |          |           |               |
| 13          | Excess readership costs (Part IX)  |    |            |                |          |          |           |               |
| 14          | Other deductions (attach statement)  |    |            |                |          |          |           |               |
| 15          | Total deductions. Add lines 1 through 14                                   |    |            |                |          |          |           |               |
| 16          | Unrelated business income before net operating loss deduction.             |    |            |                |          |          |           |               |
|             | column (C)   |    |            |                |          | 16       | 7         | 1,941.        |
| 17          | Deduction for net operating loss. See instructions                         |    |            |                |          |          |           |               |
| 18          | Unrelated business taxable income. Subtract line 17 from line 1            |    |            |                |          |          | <u>-7</u> | 1,941.        |
| For P       | aperwork Reduction Act Notice, see instructions.                           |    |            |                | Sc       | hedule   | A (Form   | 990-T) 2021   |

|     | t III Cost of Goods Sold   | Inter method of inventor       | ory valuation ▶                |                            | raye <b>z</b> |
|-----|--|--------------------------------|--------------------------------|----------------------------|---------------|
| 1   | Inventory at beginning of year   |                                |                                |                            |               |
| 2   | Purchases  |                                |                                | 2                          |               |
| 3   | Cost of labor  |                                |                                |                            |               |
| 4   | Additional section 263A costs (attach statement)                                       |                                |                                | 4                          |               |
| 5   | Other costs (attach statement)   |                                |                                | 5                          |               |
| 6   | <b>Total.</b> Add lines 1 through 5  |                                |                                | 6                          |               |
| 7   | Inventory at end of year   |                                |                                |                            |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En                                    |                                |                                |                            |               |
| 9   | Do the rules of section 263A (with respect to pro                                      |                                |                                |                            | Yes No        |
| Par | t IV Rent Income (From Real Property   |                                |                                |                            |               |
| 1   | Description of property (property street address, c                                    | ity, state, ZIP code). Check   | if a dual-use. See instruction | ons.                       |               |
|     | A  |                                |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с —  |                                |                                |                            |               |
|     | D  |                                | _                              | _                          |               |
|     | _  | A                              | В                              | С                          | D             |
| 2   | Rent received or accrued   |                                |                                |                            |               |
| а   | From personal property (if the percentage of   |                                |                                |                            |               |
|     | rent for personal property is more than 10%  |                                |                                |                            |               |
|     | but not more than 50%)   |                                |                                |                            |               |
| b   | From real and personal property (if the percentage of rent for personal property       |                                |                                |                            |               |
|     | exceeds 50% or if the rent is based on profit or                                       |                                |                                |                            |               |
|     | income)  |                                |                                |                            |               |
| _   | <i>'</i>   |                                |                                |                            |               |
| С   | Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D |                                |                                |                            |               |
| •   | Total rents received or accrued. Add line 2c colur                                     | nna A through D. Entar ha      | ro and an Dart L line 6 calu   | mn (A)                     |               |
| 3   | Total ferits received of accrued. Add line 20 colur                                    | iins A through D. Enter he     | e and on Part I, line o, colu  | (A)                        |               |
| 4   | Deductions directly connected with the income  |                                |                                |                            |               |
| -   | in lines 2(a) and 2(b) (attach statement)  |                                |                                |                            |               |
| 5   | Total deductions. Add line 4 columns A through D                                       | ) Enter here and on Part I     | line 6 column (B)              |                            |               |
| ·   | Total addactional year mile it columns year and agric                                  | . Entor noro and on rait i,    | ( <i>b</i> )                   |                            |               |
| Par | t V Unrelated Debt-Financed Income (   | see instructions)              |                                |                            |               |
| 1   | Description of debt-financed property (street addre                                    | ess, city, state, ZIP code). ( | Check if a dual-use. See ins   | structions.                |               |
|     | A  | , , , ,                        |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с 🗌  |                                |                                |                            |               |
|     | D  |                                |                                |                            |               |
|     |  | Α                              | В                              | С                          | D             |
| 2   | Gross income from or allocable to debt -   |                                |                                |                            |               |
|     | financed property  |                                |                                |                            |               |
| 3   | Deductions directly connected with or allocable  |                                |                                |                            |               |
|     | to debt-financed property  |                                |                                |                            |               |
| а   | Straight line depreciation (attach statement).   |                                |                                |                            |               |
| b   | Other deductions (attach statement)  |                                |                                |                            |               |
| С   | Total deductions (add lines 3a and 3b,   |                                |                                |                            |               |
|     | columns A through D)   |                                |                                |                            |               |
| 4   | Amount of average acquisition debt on or allocable                                     |                                |                                |                            |               |
|     | to debt - financed property (attach statement)   |                                |                                |                            |               |
| 5   | Average adjusted basis of or allocable to debt-  |                                |                                |                            |               |
|     | financed property (attach statement)   |                                |                                |                            |               |
| 6   | Divide line 4 by line 5  | %                              | %                              | %                          | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6                                     |                                |                                |                            |               |
| 8   | Total gross income (add line 7, columns A through                                      | h D). Enter here and on Pa     | art I, line 7, column (A)      | · · · · · · · · • <u> </u> |               |
|     |  | I                              | I                              | 1                          |               |
| 9   | Allocable deductions. Multiply line 3c by line 6                                       |                                |                                |                            |               |
| 10  | Total allocable deductions. Add line 9, columns A                                      | -                              | •                              |                            |               |
| 11  | Total dividends-received deductions included in l                                      | ine 10                         |                                | <b> </b>                   |               |

| Schedule A (Form 990-1) 2021    |                                   | ing and Doub  | - f Ot  |   | Page 3  |
|---------------------------------|-----------------------------------|---|---|---|---|
| Part VI Interest, An            | nuities, Royalt                   | ies, and Rents  | s from Controlled Organ                                   |   |   |
|                                 |                                   |   | Exempt Co   | ntrolled Organizations  |   |
| Name of controlled organization | 2. Employer identification number | 3. Net unrelate income (loss) (see instruction            | payments made   | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  | 6. Deductions directly connected with income in column 5                    |
| (1)                             |                                   |   |   |   |   |
| (2)                             |                                   |   |   |   |   |
| (3)                             |                                   |   |   |   |   |
| (4)                             |                                   |   |   |   |   |
|                                 |                                   | Nonexe  | empt Controlled Organizatio                               | ons   |   |
| 7. Taxable income               | in                                | Net unrelated come (loss) e instructions)                 | 9. Total of specified payments made                       | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income | 11. Deductions directly connected with income in column 10                  |
| (1)                             |                                   |   |   |   |   |
| (2)                             |                                   |   |   |   |   |
| (3)                             |                                   |   |   |   |   |
| (4)                             |                                   |   |   |   |   |
| Totals                          |                                   |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                            | Add columns 6 and 11.<br>Enter here and on Part I,<br>line 8, column (B)    |
|                                 |                                   |   | (7), (9), or (17) Organiza                                | ation (see instructions)  |   |
| 1. Description of income        |                                   | ount of income  | 3. Deductions<br>directly connected<br>(attach statement) | 4. Set-asides (attach statement)  | 5. Total deductions<br>and set-asides<br>(add columns 3 and 4)              |
| (1)                             |                                   |   |   |   |   |
| (2)                             |                                   |   |   |   |   |
| (3)                             |                                   |   |   |   |   |
| (4)                             |                                   |   |   |   |   |
| Totals                          | Enter he                          | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |   |   | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B) |
|                                 |                                   | / Income. Oth   | er Than Advertising Inco                                  | me (see instructions)   |   |
| Description of exploi           | •                                 | , <b>,</b>  | <u> </u>  |   |   |
| ·                               |                                   | om trade or bus   | iness. Enter here and on Pa                               | art I. line 10. column (A)  | 2   |
|                                 |                                   |   | nrelated business income. E                               | ,   | _   |
| line 10, column (B)             |                                   |   |   |   | 3   |
| , , ,                           |                                   | trade or busines  | s. Subtract line 3 from lin                               | ne 2. If a gain, complete   |   |
| lines 5 through 7               |                                   |   |   |   | 4   |
| · ·                             |                                   |   | s income  |   | 5   |
|                                 | •                                 |   |   |   | 6   |
| 7 Excess exempt exp             | enses. Subtract l                 | ine 5 from line   | 6, but do not enter more                                  | than the amount on line   |   |
| 4. Enter here and on            | Part II, line 12                  | <u> </u>  |   |   | 7   |

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| 1     | t IX Advertising Income  |   |                     |                       |                                |
|-------|--|---|---------------------|-----------------------|--------------------------------|
|       | Name(s) of periodical(s). Check box                              | x if reporting two or more periodicals on a | consolidated basis. |                       |                                |
|       | Α  |   |                     |                       |                                |
|       | В  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | <u> </u>   |   |                     |                       |                                |
|       | D  |   |                     |                       |                                |
| Enter | amounts for each periodical listed at                            | pove in the corresponding column.           |                     |                       |                                |
|       |  | A   | В                   | С                     | D                              |
| 2     | Gross advertising income   |   |                     |                       |                                |
| a     |  | ere and on Part I, line 11, column (A)      |                     |                       |                                |
| a     | Add coldiniis A through B. Enter he                              | are and on rearri, line 11, column (A).     |                     | · · · · · · · · · · • |                                |
|       |  |   |                     |                       |                                |
| 3     | Direct advertising costs by periodical                           |   |                     |                       |                                |
| а     | Add columns A through D. Enter he                                | re and on Part I, line 11, column (B)       |                     |                       | <b>-</b>                       |
|       |  |   |                     |                       |                                |
| 4     | Advertising gain (loss). Subtract line                           | 3 from line                                 |                     |                       |                                |
|       | 2. For any column in line 4 show                                 |   |                     |                       |                                |
|       | complete lines 5 through 8. For any                              |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | line 4 showing a loss or zero, do no                             |   |                     |                       |                                |
|       | lines 5 through 7, and enter zero on                             |   |                     |                       |                                |
| 5     | Readership costs   |   |                     |                       |                                |
| 6     | Circulation income   |   |                     |                       |                                |
| 7     | Excess readership costs. If line 6 i                             | s less than                                 |                     |                       |                                |
|       | line 5, subtract line 6 from line 5. If I                        | ine 5 is less                               |                     |                       |                                |
|       | than line 6, enter zero  |   |                     |                       |                                |
| 8     | Excess readership costs allow                                    |   |                     |                       |                                |
| O     | •  |   |                     |                       |                                |
|       | deduction. For each column showin                                |   |                     |                       |                                |
|       | line 4, enter the lesser of line 4 or lin                        |   |                     |                       |                                |
| а     |  | D. Enter the greater of the line 8          |                     |                       | 1                              |
|       | Part II, line 13   |   |                     |                       | <b></b>                        |
| Par   | t Y Componentian of Office                                       | ers, Directors, and Trustees (see           | instructions)       |                       |                                |
| ıaı   | Compensation of Office   |   |                     |                       |                                |
|       |  |   | 3                   | . Percentage          | <ol><li>Compensation</li></ol> |
|       | 1. Name  | 2. Title                                    | of                  | time devoted          | attributable to                |
|       |  |   |                     | to business           | unrelated business             |
| /1\   |  |   |                     | 0/                    |                                |
| (1)   |  |   |                     | %                     |                                |
| (2)   |  |   |                     | %                     |                                |
| (3)   |  |   |                     | %                     |                                |
| (4)   |  |   |                     | %                     |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
| Total | I. Enter here and on Part II, line 1                             |   |                     |                       |                                |
|       |  | ion (see instructions)                      |                     |                       |                                |
|       | I. Enter here and on Part II, line 1 It XI Supplemental Informat |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
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|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |

JSA 1X2753 1.000 16733H K932

#### SCHEDULE A: FUND 7

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

| SHARE OF | SHARE OF | GAIN OR |
|----------|----------|---------|

GROSS INCOME DEDUCTIONS (LOSS)

-71,941. -71,941. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS -71,941.

=========

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

| Internal Nevertue del vice                                     | 601(5)(5) 5. game_attons 5)      |
|--|----------------------------------|
| A Name of the organization                                     | B Employer identification number |
| CHARLES KOCH FOUNDATION  | 48-0918408                       |
|  |                                  |
| C Unrelated business activity code (see instructions) ▶ 903008 | <b>D</b> Sequence: 8 of 17       |

| C Ur | nrelated business activity code (see instructions) ► 903008   |    |                   | Sequence:       | 8      | of <u>1</u> 7 |
|------|---|----|-------------------|-----------------|--------|---------------|
| E De | escribe the unrelated trade or business ►FUND 8   |    |                   |                 |        |               |
| Pai  | tt I Unrelated Trade or Business Income   |    | (A) Income        | (B) Expens      | es     | (C) Net       |
| 1a   | Gross receipts or sales   |    |                   |                 |        |               |
| b    | Less returns and allowances c Balance ▶   | 1c |                   |                 |        |               |
| 2    | Cost of goods sold (Part III, line 8)   | 2  |                   |                 |        |               |
| 3    | Gross profit. Subtract line 2 from line 1c  | 3  |                   |                 |        |               |
| 4a   | Capital gain net income (attach Sch D (Form 1041 or Form  |    |                   |                 |        |               |
|      | 1120)). See instructions  | 4a |                   |                 |        |               |
| b    | Net gain (loss) (Form 4797) (attach Form 4797). See instructions  | 4b |                   |                 |        |               |
| С    | Capital loss deduction for trusts   | 4c |                   |                 |        |               |
| 5    | Income (loss) from a partnership or an S corporation (attach  |    |                   |                 |        |               |
|      | statement) SEE. STATEMENT. 1  | 5  | 43,975            |                 |        | 43,975.       |
| 6    | Rent income (Part IV)   | 6  |                   |                 |        |               |
| 7    | Unrelated debt-financed income (Part V)   | 7  |                   |                 |        |               |
| 8    | Interest, annuities, royalties, and rents from a controlled   |    |                   |                 |        |               |
|      | organization (Part VI)  | 8  |                   |                 |        |               |
| 9    | Investment income of section 501(c)(7), (9), or (17)  |    |                   |                 |        |               |
|      | organizations (Part VII)  | 9  |                   |                 |        |               |
| 10   | Exploited exempt activity income (Part VIII)  |    |                   |                 |        |               |
| 11   | Advertising income (Part IX)  |    |                   |                 |        |               |
| 12   | Other income (see instructions; attach statement)   |    | 40.000            |                 |        | 42.055        |
| 13   | Total. Combine lines 3 through 12   |    | 43,975            |                 |        | 43,975.       |
| Pal  | <b>Deductions Not Taken Elsewhere</b> See instructions to directly connected with the unrelated business income |    | nitations on dedi | ictions. Deduct | ions r | nust be       |
| 1    | Compensation of officers, directors, and trustees (Part X)  |    |                   |                 | 1      |               |
| 2    | Salaries and wages  |    |                   |                 | 2      |               |
| 3    | Repairs and maintenance   |    |                   |                 | 3      |               |
| 4    | Bad debts   |    |                   |                 | 4      |               |
| 5    | Interest (attach statement). See instructions   |    |                   |                 | 5      |               |
| 6    | Taxes and licenses  |    |                   |                 | 6      |               |
| 7    | Depreciation (attach Form 4562). See instructions   |    | 7                 |                 |        |               |
| 8    | Less depreciation claimed in Part III and elsewhere on return   |    | <u>8</u> a        |                 | 8b     |               |
| 9    | Depletion   |    |                   |                 | 9      |               |
| 10   | Contributions to deferred compensation plans  |    |                   |                 | 10     |               |
| 11   | Employee benefit programs   |    |                   |                 | 11     |               |
| 12   | Excess exempt expenses (Part VIII)  |    |                   |                 | 12     |               |
| 13   | Excess readership costs (Part IX)   |    |                   |                 | 13     |               |
| 14   | Other deductions (attach statement)   |    |                   |                 | 14     |               |
| 15   | Total deductions. Add lines 1 through 14  |    |                   |                 | 15     |               |
| 16   | Unrelated business income before net operating loss deduction   |    |                   |                 |        |               |
|      | column (C)  |    |                   |                 | 16     | 43,975.       |
| 17   | Deduction for net operating loss. See instructions  |    |                   |                 |        | NONE          |
| 18   | Unrelated business taxable income. Subtract line 17 from line   | 16 |                   |                 | 18     | 43,975.       |

For Paperwork Reduction Act Notice, see instructions.

|     | t III Cost of Goods Sold   | Inter method of inventor       | ory valuation ▶                |                            | raye <b>z</b> |
|-----|--|--------------------------------|--------------------------------|----------------------------|---------------|
| 1   | Inventory at beginning of year   |                                |                                |                            |               |
| 2   | Purchases  |                                |                                | 2                          |               |
| 3   | Cost of labor  |                                |                                |                            |               |
| 4   | Additional section 263A costs (attach statement)                                       |                                |                                | 4                          |               |
| 5   | Other costs (attach statement)   |                                |                                | 5                          |               |
| 6   | Total. Add lines 1 through 5   |                                |                                | 6                          |               |
| 7   | Inventory at end of year   |                                |                                |                            |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En                                    |                                |                                |                            |               |
| 9   | Do the rules of section 263A (with respect to pro                                      |                                |                                |                            | Yes No        |
| Par | t IV Rent Income (From Real Property   |                                |                                |                            |               |
| 1   | Description of property (property street address, c                                    | ity, state, ZIP code). Check   | if a dual-use. See instruction | ons.                       |               |
|     | A  |                                |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с —  |                                |                                |                            |               |
|     | D  |                                | _                              | _                          |               |
|     | _  | A                              | В                              | С                          | D             |
| 2   | Rent received or accrued   |                                |                                |                            |               |
| а   | From personal property (if the percentage of   |                                |                                |                            |               |
|     | rent for personal property is more than 10%  |                                |                                |                            |               |
|     | but not more than 50%)   |                                |                                |                            |               |
| b   | From real and personal property (if the percentage of rent for personal property       |                                |                                |                            |               |
|     | exceeds 50% or if the rent is based on profit or                                       |                                |                                |                            |               |
|     | income)  |                                |                                |                            |               |
| _   | <i>'</i>   |                                |                                |                            |               |
| С   | Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D |                                |                                |                            |               |
| •   | Total rents received or accrued. Add line 2c colur                                     | nna A through D. Entar ha      | ro and an Dart L line 6 calu   | mn (A)                     |               |
| 3   | Total ferits received of accrued. Add line 20 colur                                    | iins A through D. Enter he     | e and on Part I, line o, colu  | (A)                        |               |
| 4   | Deductions directly connected with the income  |                                |                                |                            |               |
| -   | in lines 2(a) and 2(b) (attach statement)  |                                |                                |                            |               |
| 5   | Total deductions. Add line 4 columns A through D                                       | ) Enter here and on Part I     | line 6 column (B)              |                            |               |
| ·   | Total addabionol / taa iiilo T dolaliiilo / tali dagii E                               | . Entor noro and on rait i,    | ( <i>b</i> )                   |                            |               |
| Par | t V Unrelated Debt-Financed Income (   | see instructions)              |                                |                            |               |
| 1   | Description of debt-financed property (street addre                                    | ess, city, state, ZIP code). ( | Check if a dual-use. See ins   | structions.                |               |
|     | A  | , , , ,                        |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с 🗌  |                                |                                |                            |               |
|     | D  |                                |                                |                            |               |
|     |  | Α                              | В                              | С                          | D             |
| 2   | Gross income from or allocable to debt -   |                                |                                |                            |               |
|     | financed property  |                                |                                |                            |               |
| 3   | Deductions directly connected with or allocable  |                                |                                |                            |               |
|     | to debt-financed property  |                                |                                |                            |               |
| а   | Straight line depreciation (attach statement).   |                                |                                |                            |               |
| b   | Other deductions (attach statement)  |                                |                                |                            |               |
| С   | Total deductions (add lines 3a and 3b,   |                                |                                |                            |               |
|     | columns A through D)   |                                |                                |                            |               |
| 4   | Amount of average acquisition debt on or allocable                                     |                                |                                |                            |               |
|     | to debt - financed property (attach statement)   |                                |                                |                            |               |
| 5   | Average adjusted basis of or allocable to debt-  |                                |                                |                            |               |
|     | financed property (attach statement)   |                                |                                |                            |               |
| 6   | Divide line 4 by line 5  | %                              | %                              | %                          | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6                                     |                                |                                |                            |               |
| 8   | Total gross income (add line 7, columns A through                                      | h D). Enter here and on Pa     | art I, line 7, column (A)      | · · · · · · · · • <u> </u> |               |
|     |  | I                              | I                              | 1                          |               |
| 9   | Allocable deductions. Multiply line 3c by line 6                                       |                                |                                |                            |               |
| 10  | Total allocable deductions. Add line 9, columns A                                      | -                              | •                              |                            |               |
| 11  | Total dividends-received deductions included in l                                      | ine 10                         |                                | <b> </b>                   |               |

| Schedule A (Form 990-1) 2021                |                                   |   |   |  | Page 3  |
|---|-----------------------------------|---|---|--|---|
| Part VI Interest, Ann                       | uities, Royalt                    | ies, and Rents  |   | nizations (see instructions)   |   |
|   |                                   |   | Exempt C  | ontrolled Organizations  |   |
| Name of controlled organization             | 2. Employer identification number | 3. Net unrelate income (loss) (see instruction            | payments made   | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income | 6. Deductions directly connected with income in column 5                    |
| (1)   |                                   |   |   |  |   |
| (2)   |                                   |   |   |  |   |
| (3)   |                                   |   |   |  |   |
| (4)   |                                   |   |   |  |   |
|   | 1                                 | Nonexe  | empt Controlled Organizat                                 | tions  |   |
| 7. Taxable income                           | ine                               | let unrelated come (loss) a instructions)                 | 9. Total of specified payments made                       | 10. Part of column 9 that is included in the controlling organization's gross income         | 11. Deductions directly connected with income in column 10                  |
| (1)   |                                   |   |   |  |   |
| (2)   |                                   |   |   |  |   |
| (3)   |                                   |   |   |  |   |
| (4)   |                                   |   |   |  |   |
| Totals                                      |                                   |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                           | Add columns 6 and 11.<br>Enter here and on Part I,<br>line 8, column (B)    |
| Part VII Investment II                      | ncome of a S                      | ection 501(c)   | (7), (9), or (17) Organiz                                 | zation (see instructions)  |   |
| 1. Description of income                    |                                   | ount of income  | 3. Deductions<br>directly connected<br>(attach statement) | 4. Set-asides (attach statement)   | 5. Total deductions<br>and set-asides<br>(add columns 3 and 4)              |
| (1)   |                                   |   |   |  |   |
| (2)   |                                   |   |   |  |   |
| (3)   |                                   |   |   |  |   |
| (4)   |                                   |   |   |  |   |
| Totals                                      | Enter he                          | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |   |  | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B) |
| Part VIII Exploited Ex                      |                                   | / Income. Othe  | er Than Advertising Inc                                   | come (see instructions)  |   |
| <ol> <li>Description of exploite</li> </ol> |                                   |   |   | -/   |   |
| •   | · -                               | om trade or bus   | iness. Enter here and on                                  | Part I, line 10, column (A)  | 2   |
| 3 Expenses directly co                      | nnected with p                    | production of ur  | nrelated business income.                                 | Enter here and on Part I,  |   |
| line 10, column (B)                         |                                   |   |   |  | 3   |
| 4 Net income (loss) f                       | rom unrelated t                   | rade or busines   | s. Subtract line 3 from I                                 | ine 2. If a gain, complete   |   |
| lines 5 through 7                           |                                   |   |   |  | 4   |
| 5 Gross income from a                       | ctivity that is not               | unrelated business  | s income  |  | 5   |
| 6 Expenses attributable                     | to income entere                  | ed on line 5  |   |  | 6   |
| 7 Excess exempt exper                       | nses. Subtract I                  | ine 5 from line   | 6, but do not enter more                                  | e than the amount on line  |   |
| 4. Enter here and on P                      | Part II, line 12                  |   |   |  | 7   |

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| 1     | t IX Advertising Income  |   |                     |                       |                                |
|-------|--|---|---------------------|-----------------------|--------------------------------|
|       | Name(s) of periodical(s). Check box                              | x if reporting two or more periodicals on a | consolidated basis. |                       |                                |
|       | A .  |   |                     |                       |                                |
|       | В  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | <u> </u>   |   |                     |                       |                                |
|       | D  |   |                     |                       |                                |
| Enter | amounts for each periodical listed at                            | pove in the corresponding column.           |                     |                       |                                |
|       |  | A   | В                   | С                     | D                              |
| 2     | Gross advertising income   |   |                     |                       |                                |
| a     |  | ere and on Part I, line 11, column (A)      |                     |                       |                                |
| a     | Add coldiniis A through B. Enter he                              | are and on rearri, line 11, column (A).     |                     | · · · · · · · · · · • |                                |
|       |  |   |                     |                       |                                |
| 3     | Direct advertising costs by periodical                           |   |                     |                       |                                |
| а     | Add columns A through D. Enter he                                | re and on Part I, line 11, column (B)       |                     |                       | <b>-</b>                       |
|       |  |   |                     |                       |                                |
| 4     | Advertising gain (loss). Subtract line                           | 3 from line                                 |                     |                       |                                |
|       | 2. For any column in line 4 show                                 |   |                     |                       |                                |
|       | complete lines 5 through 8. For any                              |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | line 4 showing a loss or zero, do no                             |   |                     |                       |                                |
|       | lines 5 through 7, and enter zero on                             |   |                     |                       |                                |
| 5     | Readership costs   |   |                     |                       |                                |
| 6     | Circulation income   |   |                     |                       |                                |
| 7     | Excess readership costs. If line 6 i                             | s less than                                 |                     |                       |                                |
|       | line 5, subtract line 6 from line 5. If I                        | ine 5 is less                               |                     |                       |                                |
|       | than line 6, enter zero  |   |                     |                       |                                |
| 8     | Excess readership costs allow                                    |   |                     |                       |                                |
| O     | •  |   |                     |                       |                                |
|       | deduction. For each column showin                                |   |                     |                       |                                |
|       | line 4, enter the lesser of line 4 or lin                        |   |                     |                       |                                |
| а     |  | D. Enter the greater of the line 8          |                     |                       | 1                              |
|       | Part II, line 13   |   |                     |                       | <b></b>                        |
| Par   | t Y Componention of Office                                       | ers, Directors, and Trustees (see           | instructions)       |                       |                                |
| ıaı   | Compensation of Office   |   |                     |                       |                                |
|       |  |   | 3                   | . Percentage          | <ol><li>Compensation</li></ol> |
|       | 1. Name  | 2. Title                                    | of                  | time devoted          | attributable to                |
|       |  |   |                     | to business           | unrelated business             |
| /1\   |  |   |                     | 0/                    |                                |
| (1)   |  |   |                     | %                     |                                |
| (2)   |  |   |                     | %                     |                                |
| (3)   |  |   |                     | %                     |                                |
| (4)   |  |   |                     | %                     |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
| Total | I. Enter here and on Part II, line 1                             |   |                     |                       |                                |
|       |  | ion (see instructions)                      |                     |                       |                                |
|       | I. Enter here and on Part II, line 1 It XI Supplemental Informat |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
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|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |

JSA 1X2753 1.000 16733H K932

### SCHEDULE A: FUND 8

| $TNT \cap \cap TT$ | / T O C C \ |       |              |          | $\overline{}$ |              |
|--------------------|-------------|-------|--------------|----------|---------------|--------------|
| I INCCUIVIE.       | (1,0,5,5)   | FR()N | PARINERSHIPS | ANII)/UR | .>            | CORPORATIONS |

|                                       | ================         | =========              | ========          |
|---------------------------------------|--------------------------|------------------------|-------------------|
|                                       | SHARE OF<br>GROSS INCOME | SHARE OF<br>DEDUCTIONS | GAIN OR<br>(LOSS) |
| NET ORDINARY INCOME - INVESTMENTS K-1 | 43,975.                  |                        | 43,975.           |

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

43,975. ==========

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

A Name of the organization B Employer identification number CHARLES KOCH FOUNDATION 48-0918408 C Unrelated business activity code (see instructions) ▶ 903009 D Sequence: 17 of

| - D |   |    |                     | •            |        |           |
|-----|---|----|---------------------|--------------|--------|-----------|
| Pa  | escribe the unrelated trade or business ►FUND 9  Unrelated Trade or Business Income |    | (A) Income          | (B) Expens   | es     | (C) Net   |
| 1a  | Gross receipts or sales   |    |                     |              |        |           |
| b   | Less returns and allowances c Balance ▶   | 1c |                     |              |        |           |
| 2   | Cost of goods sold (Part III, line 8)   | 2  |                     |              |        |           |
| 3   | Gross profit. Subtract line 2 from line 1c  | 3  |                     |              |        |           |
| 4a  | Capital gain net income (attach Sch D (Form 1041 or Form                            |    |                     |              |        |           |
|     | 1120)). See instructions  | 4a | 741,646.            |              |        | 741,646.  |
| b   | Net gain (loss) (Form 4797) (attach Form 4797). See instructions                    | 4b | ,                   |              |        | ,         |
| С   | Capital loss deduction for trusts   | 4c |                     |              |        |           |
| 5   | Income (loss) from a partnership or an S corporation (attach                        |    |                     |              |        |           |
|     | statement) SEE. STATEMENT. 1  | 5  | -125,596.           |              |        | -125,596. |
| 6   | Rent income (Part IV)   | 6  | ,                   |              |        | ,         |
| 7   | Unrelated debt-financed income (Part V)   | 7  |                     |              |        |           |
| 8   | Interest, annuities, royalties, and rents from a controlled                         |    |                     |              |        |           |
|     | organization (Part VI)  | 8  |                     |              |        |           |
| 9   | Investment income of section 501(c)(7), (9), or (17)                                |    |                     |              |        |           |
|     | organizations (Part VII)  | 9  |                     |              |        |           |
| 10  | Exploited exempt activity income (Part VIII)  | 10 |                     |              |        |           |
| 11  | Advertising income (Part IX)  | 11 |                     |              |        |           |
| 12  | Other income (see instructions; attach statement)                                   | 12 |                     |              |        |           |
| 13  | Total. Combine lines 3 through 12   |    | 616,050.            |              |        | 616,050.  |
| Pai | <b>Deductions Not Taken Elsewhere</b> See instructions f                            |    | nitations on deduct | ions. Deduct | ions n | nust be   |
|     | directly connected with the unrelated business incom                                | е  |                     |              |        |           |
| 1   | Compensation of officers, directors, and trustees (Part X)                          |    |                     |              |        |           |
| 2   | Salaries and wages  |    |                     |              | 2      |           |
| 3   | Repairs and maintenance   |    |                     |              | 3      |           |
| 4   | Bad debts   |    |                     |              | 4      |           |
| 5   | Interest (attach statement). See instructions                                       |    |                     |              | 5      |           |
| 6   | Taxes and licenses  |    | 1 1                 |              | 6      |           |
| 7   | Depreciation (attach Form 4562). See instructions                                   |    |                     |              | -      |           |
| 8   | Less depreciation claimed in Part III and elsewhere on return                       |    |                     |              | 8b     |           |
| 9   | Depletion   |    |                     |              | 9      |           |
| 10  | Contributions to deferred compensation plans  |    |                     |              | 10     |           |
| 11  | Employee benefit programs   |    |                     |              | 11     |           |
| 12  | Excess exempt expenses (Part VIII)  |    |                     |              | 12     |           |
| 13  | Excess readership costs (Part IX)   |    |                     |              |        |           |
| 14  | Other deductions (attach statement)   |    |                     |              |        |           |
| 15  | Total deductions. Add lines 1 through 14  |    |                     |              | 15     |           |
| 16  | Unrelated business income before net operating loss deduction                       |    |                     |              |        |           |
|     | column (C)  |    |                     |              | 16     | 616,050.  |
| 17  | Deduction for net operating loss. See instructions                                  |    |                     |              |        | NONE      |
| 18  | Unrelated business taxable income. Subtract line 17 from line 1                     | 16 |                     |              | 18     | 616,050.  |

For Paperwork Reduction Act Notice, see instructions.

|     | t III Cost of Goods Sold   | Inter method of inventor       | ory valuation ▶                |                            | raye <b>z</b> |
|-----|--|--------------------------------|--------------------------------|----------------------------|---------------|
| 1   | Inventory at beginning of year   |                                |                                |                            |               |
| 2   | Purchases  |                                |                                | 2                          |               |
| 3   | Cost of labor  |                                |                                |                            |               |
| 4   | Additional section 263A costs (attach statement)                                       |                                |                                | 4                          |               |
| 5   | Other costs (attach statement)   |                                |                                | 5                          |               |
| 6   | <b>Total.</b> Add lines 1 through 5  |                                |                                | 6                          |               |
| 7   | Inventory at end of year   |                                |                                |                            |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En                                    |                                |                                |                            |               |
| 9   | Do the rules of section 263A (with respect to pro                                      |                                |                                |                            | Yes No        |
| Par | t IV Rent Income (From Real Property   |                                |                                |                            |               |
| 1   | Description of property (property street address, c                                    | ity, state, ZIP code). Check   | if a dual-use. See instruction | ons.                       |               |
|     | A  |                                |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с —  |                                |                                |                            |               |
|     | D  |                                | _                              | _                          |               |
|     | _  | A                              | В                              | С                          | D             |
| 2   | Rent received or accrued   |                                |                                |                            |               |
| а   | From personal property (if the percentage of   |                                |                                |                            |               |
|     | rent for personal property is more than 10%  |                                |                                |                            |               |
|     | but not more than 50%)   |                                |                                |                            |               |
| b   | From real and personal property (if the percentage of rent for personal property       |                                |                                |                            |               |
|     | exceeds 50% or if the rent is based on profit or                                       |                                |                                |                            |               |
|     | income)  |                                |                                |                            |               |
| _   | <i>'</i>   |                                |                                |                            |               |
| С   | Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D |                                |                                |                            |               |
| •   | Total rents received or accrued. Add line 2c colur                                     | nna A through D. Entar ha      | ro and an Dart L line 6 calu   | mn (A)                     |               |
| 3   | Total ferits received of accrued. Add line 20 colur                                    | iins A through D. Enter he     | e and on Part I, line o, colu  | (A)                        |               |
| 4   | Deductions directly connected with the income  |                                |                                |                            |               |
| -   | in lines 2(a) and 2(b) (attach statement)  |                                |                                |                            |               |
| 5   | Total deductions. Add line 4 columns A through D                                       | ) Enter here and on Part I     | line 6 column (B)              |                            |               |
| ·   | Total addactional year mile it columns year and agric                                  | . Entor noro and on rait i,    | ( <i>b</i> )                   |                            |               |
| Par | t V Unrelated Debt-Financed Income (   | see instructions)              |                                |                            |               |
| 1   | Description of debt-financed property (street addre                                    | ess, city, state, ZIP code). ( | Check if a dual-use. See ins   | structions.                |               |
|     | A  | , , , ,                        |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с 🗌  |                                |                                |                            |               |
|     | D  |                                |                                |                            |               |
|     |  | Α                              | В                              | С                          | D             |
| 2   | Gross income from or allocable to debt -   |                                |                                |                            |               |
|     | financed property  |                                |                                |                            |               |
| 3   | Deductions directly connected with or allocable  |                                |                                |                            |               |
|     | to debt-financed property  |                                |                                |                            |               |
| а   | Straight line depreciation (attach statement).   |                                |                                |                            |               |
| b   | Other deductions (attach statement)  |                                |                                |                            |               |
| С   | Total deductions (add lines 3a and 3b,   |                                |                                |                            |               |
|     | columns A through D)   |                                |                                |                            |               |
| 4   | Amount of average acquisition debt on or allocable                                     |                                |                                |                            |               |
|     | to debt - financed property (attach statement)   |                                |                                |                            |               |
| 5   | Average adjusted basis of or allocable to debt-  |                                |                                |                            |               |
|     | financed property (attach statement)   |                                |                                |                            |               |
| 6   | Divide line 4 by line 5  | %                              | %                              | %                          | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6                                     |                                |                                |                            |               |
| 8   | Total gross income (add line 7, columns A through                                      | h D). Enter here and on Pa     | art I, line 7, column (A)      | · · · · · · · · • <u> </u> |               |
|     |  | I                              | I                              | 1                          |               |
| 9   | Allocable deductions. Multiply line 3c by line 6                                       |                                |                                |                            |               |
| 10  | Total allocable deductions. Add line 9, columns A                                      | -                              | •                              |                            |               |
| 11  | Total dividends-received deductions included in l                                      | ine 10                         |                                | <b> </b>                   |               |

Schedule A (Form 990-T) 2021

16733Н К932

| Schedule A (Form 990-T) 2021    |                                   |   |             |   |   |     | Page 3  |
|---------------------------------|-----------------------------------|---|-------------|---|---|-----|---|
| Part VI Interest, Ann           | uities, Royalt                    | ies, and Rent   | s from C    | ontrolled Organi                              | zations (see instructions)  |     |   |
|                                 |                                   |   |             | Exempt Cor                                    | ntrolled Organizations  |     |   |
| Name of controlled organization | 2. Employer identification number | 3. Net unrelate income (loss) (see instruction            | )           | I. Total of specified payments made           | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  |     | Deductions directly connected with ncome in column 5                  |
| (1)                             |                                   |   |             |   |   |     |   |
| (2)                             |                                   |   |             |   |   |     |   |
| (3)                             |                                   |   |             |   |   |     |   |
| (4)                             |                                   |   |             |   |   |     |   |
|                                 | •                                 | Nonexe  | empt Cont   | rolled Organization                           | ns  |     |   |
| 7. Taxable income               | ind                               | let unrelated<br>come (loss)<br>instructions)             |             | otal of specified ayments made                | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income |     | Deductions directly connected with come in column 10                  |
| (1)                             |                                   |   |             |   |   |     |   |
| (2)                             |                                   |   |             |   |   |     |   |
| (3)                             |                                   |   |             |   |   |     |   |
| (4)                             |                                   |   |             |   |   |     |   |
| Totals                          |                                   |   |             |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                            | Ent | d columns 6 and 11.<br>ter here and on Part I,<br>line 8, column (B)  |
| Part VII Investment II          |                                   |   |             | or (17) Organiza                              | tion (see instructions)   |     |   |
| 1. Description of income        |                                   | ount of income  | dir         | 3. Deductions ectly connected tach statement) | 4. Set-asides (attach statement)  |     | . Total deductions<br>and set-asides<br>dd columns 3 and 4)           |
| (1)                             |                                   |   |             |   |   |     |   |
| (2)                             |                                   |   |             |   |   |     |   |
| (3)                             |                                   |   |             |   |   |     |   |
| (4)                             |                                   |   |             |   |   |     |   |
| Totals                          | Enter he                          | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |             |   |   | Ent | amounts in column 5.<br>ter here and on Part I,<br>line 9, column (B) |
| Part VIII Exploited Ex          | empt Activity                     | / Income, Oth   | er Than A   | Advertising Inco                              | me (see instructions)   |     |   |
| 1 Description of exploite       |                                   |   |             |   |   |     |   |
| 2 Gross unrelated busin         | ness income fro                   | om trade or bus   | iness. Ente | er here and on Pa                             | art I, line 10, column (A)  | 2   |   |
| 3 Expenses directly co          | nnected with p                    | production of ur  | nrelated b  | usiness income. Er                            | nter here and on Part I,  |     |   |
| line 10, column (B)             |                                   |   |             |   |   | 3   |   |
| 4 Net income (loss) f           | rom unrelated t                   | rade or busines   | s. Subtra   | ct line 3 from line                           | e 2. If a gain, complete  |     |   |
| lines 5 through 7               |                                   |   |             |   |   | 4   |   |
| 5 Gross income from a           | ctivity that is not               | unrelated business  | s income.   |   |   | 5   |   |
| 6 Expenses attributable         | to income entere                  | ed on line 5  |             |   |   | 6   |   |
| 7 Excess exempt exper           | nses. Subtract I                  | ine 5 from line   | 6, but d    | o not enter more                              | than the amount on line   |     |   |
| 4. Enter here and on F          | art II, line 12                   |   |             | <u> </u>                                      |   | 7   |   |

| гаі                      | rt IX Advertising Income                     |  |                     |   |                                  |
|--------------------------|--|--|---------------------|---|----------------------------------|
| 1                        | Name(s) of periodical(s). Check box if       | f reporting two or more periodicals on a | consolidated basis. |   |                                  |
|                          | A  |  |                     |   |                                  |
|                          | В  |  |                     |   |                                  |
|                          |  |  |                     |   |                                  |
|                          | c  |  |                     |   |                                  |
|                          | D  |  |                     |   |                                  |
| Enter                    | amounts for each periodical listed above     | ve in the corresponding column.          |                     |   |                                  |
|                          |  | Α  | В                   | С   | D                                |
| 2                        | Gross advertising income                     |  |                     |   |                                  |
| а                        | Add columns A through D. Enter here          |  |                     |   |                                  |
| -                        | rida dolamilo ri ambagii B. Emoi nero        | and on ranci, into 11, column (71).      |                     |   |                                  |
| _                        | B: ( ) ( ) ( ) ( ) ( ) ( ) ( )               |  |                     |   |                                  |
| 3                        | Direct advertising costs by periodical       | •  |                     |   |                                  |
| а                        | Add columns A through D. Enter here          | and on Part I, line 11, column (B)       |                     |   | <b>-</b>                         |
|                          |  |  |                     |   |                                  |
| 4                        | Advertising gain (loss). Subtract line 3     | from line                                |                     |   |                                  |
|                          | 2. For any column in line 4 showing          | g a gain,                                |                     |   |                                  |
|                          | complete lines 5 through 8. For any c        | column in                                |                     |   |                                  |
|                          | line 4 showing a loss or zero, do not        |  |                     |   |                                  |
|                          | lines 5 through 7, and enter zero on lin     |  |                     |   |                                  |
| <b>5</b>                 | Readership costs                             |  |                     |   |                                  |
| 5                        | Circulation income                           |  |                     |   |                                  |
| 6                        |  |  |                     |   |                                  |
| 7                        | Excess readership costs. If line 6 is        |  |                     |   |                                  |
|                          | line 5, subtract line 6 from line 5. If line | e 5 is less                              |                     |   |                                  |
|                          | than line 6, enter zero                      |  |                     |   |                                  |
| 8                        | Excess readership costs allowed              | l as a                                   |                     |   |                                  |
|                          | deduction. For each column showing a         | a gain on                                |                     |   |                                  |
|                          | line 4, enter the lesser of line 4 or line   | 7  |                     |   |                                  |
| а                        | Add line 8, columns A through E              |  | a columns total     | or zero here and o                              | 1                                |
| -                        | , taae e, ee.ae , t aeag                     |  |                     |   | •                                |
|                          | Part II line 13                              |  |                     |   |                                  |
|                          | Part II, line 13                             |  |                     | )   | -                                |
| Par                      |  | s, Directors, and Trustees (see          |                     |   | <b>-</b>                         |
| Par                      |  |  | instructions)       |   | 4. Compensation                  |
| Par                      |  |  | e instructions)     | 3. Percentage                                   | Compensation     attributable to |
| Par                      | t X Compensation of Officers                 | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage If time devoted                   | attributable to                  |
|                          | t X Compensation of Officers                 | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business       |                                  |
| (1)                      | t X Compensation of Officers                 | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage If time devoted                   | attributable to                  |
| (1)<br>(2)               | t X Compensation of Officers                 | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business       | attributable to                  |
| (1)<br>(2)               | t X Compensation of Officers                 | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business       | attributable to                  |
| (1)<br>(2)<br>(3)        | t X Compensation of Officers                 | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage If time devoted to business %     | attributable to                  |
| (1)<br>(2)<br>(3)        | t X Compensation of Officers                 | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |
| (1)<br>(2)<br>(3)<br>(4) | 1. Name                                      | s, Directors, and Trustees (see          | e instructions)     | 3. Percentage of time devoted to business % % % | attributable to                  |

JSA 1X2753 1.000 16733H K932

### SCHEDULE A: FUND 9

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

|                                       |                          | =========              | ========          |
|---------------------------------------|--------------------------|------------------------|-------------------|
|                                       | SHARE OF<br>GROSS INCOME | SHARE OF<br>DEDUCTIONS | GAIN OR<br>(LOSS) |
| NET ORDINARY INCOME - INVESTMENTS K-1 | -125,596.                |                        | -125,596.         |

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS -125,596.

==========

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

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

A Name of the organization

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

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

B Employer identification number

| СН          | CHARLES KOCH FOUNDATION   |     |                   |                    | 408       |         |               |
|-------------|---|-----|-------------------|--------------------|-----------|---------|---------------|
| ٦ lin       | related business activity code (see instructions) ▶ 903010  |     |                   | <b>D</b> Sequence: | 10        | of      | 17            |
| <b>5</b> 01 | Telated business activity code (see instructions) > 303010  |     |                   | <b>b</b> Sequence. | 10        | UI .    |               |
| E De        | escribe the unrelated trade or business ►FUND 10  |     |                   |                    |           |         |               |
| Pai         | Unrelated Trade or Business Income  |     | (A) Income        | (B) Exp            | enses     |         | (C) Net       |
| 1a          | Gross receipts or sales   |     |                   |                    |           |         |               |
| b           | Less returns and allowances c Balance ▶   | 1c  |                   |                    |           |         |               |
| 2           | Cost of goods sold (Part III, line 8)   | 2   |                   |                    |           |         |               |
| 3           | Gross profit. Subtract line 2 from line 1c  | 3   |                   |                    |           |         |               |
| 4a          | Capital gain net income (attach Sch D (Form 1041 or Form  |     |                   |                    |           |         |               |
|             | 1120)). See instructions  | 4a  |                   |                    |           |         |               |
| b           | Net gain (loss) (Form 4797) (attach Form 4797). See instructions  | 4b  |                   |                    |           |         |               |
| С           | Capital loss deduction for trusts   | 4c  |                   |                    |           |         |               |
| 5           | Income (loss) from a partnership or an S corporation (attach  |     |                   |                    |           |         |               |
|             | statement) SEE. STATEMENT. 1  | 5   | 125,07            | 4.                 |           | 1       | 25,074.       |
| 6           | Rent income (Part IV)   | 6   |                   |                    |           |         |               |
| 7           | Unrelated debt-financed income (Part V)   | 7   |                   |                    |           |         |               |
| 8           | Interest, annuities, royalties, and rents from a controlled   |     |                   |                    |           |         |               |
|             | organization (Part VI)  | 8   |                   |                    |           |         |               |
| 9           | Investment income of section 501(c)(7), (9), or (17)  |     |                   |                    |           |         |               |
|             | organizations (Part VII)  | 9   |                   |                    |           |         |               |
| 0           | Exploited exempt activity income (Part VIII)  |     |                   |                    |           |         |               |
| 11          | Advertising income (Part IX)  |     |                   |                    |           |         |               |
| 12          | Other income (see instructions; attach statement)   |     |                   |                    |           |         |               |
| 3           | Total. Combine lines 3 through 12   |     | 125,07            |                    |           |         | 25,074.       |
| Pai         | <b>Deductions Not Taken Elsewhere</b> See instructions f directly connected with the unrelated business incom |     | nitations on de   | ductions. Ded      | uctions r | nust be | Э             |
| 1           | Compensation of officers, directors, and trustees (Part X)  |     |                   |                    | 1         |         |               |
| 2           | Salaries and wages  |     |                   |                    |           |         |               |
| 3           | Repairs and maintenance   |     |                   |                    |           |         |               |
| 4           | Bad debts   |     |                   |                    |           |         |               |
| 5           | Interest (attach statement). See instructions   |     |                   |                    |           |         |               |
| 6           | Taxes and licenses  |     |                   |                    |           |         |               |
| 7           | Depreciation (attach Form 4562). See instructions   |     | 7                 |                    |           |         |               |
| 8           | Less depreciation claimed in Part III and elsewhere on return   |     | 8a                |                    | 8b        |         |               |
| 9           | Depletion   |     |                   |                    | 9         |         |               |
| 0           | Contributions to deferred compensation plans  |     |                   |                    |           |         |               |
| 11          | Employee benefit programs   |     |                   |                    | 11        |         |               |
| 12          | Excess exempt expenses (Part VIII)  |     |                   |                    |           |         |               |
| 13          | Excess readership costs (Part IX)   |     |                   |                    | 13        |         |               |
| 4           | Other deductions (attach statement)   |     |                   |                    |           |         |               |
| 15          | Total deductions. Add lines 1 through 14  |     |                   |                    | . 15      |         |               |
| 6           | Unrelated business income before net operating loss deduction.  | Sub | tract line 15 fro | m Part I, line 1   | 3,        |         |               |
|             | column (C)  |     |                   |                    | 16        | 1       | 25,074.       |
| 17          | Deduction for net operating loss. See instructions  |     |                   |                    |           |         | 74,194.       |
| 8           | Unrelated business taxable income. Subtract line 17 from line 1   | 16  |                   |                    |           |         | 50,880.       |
| or P        | aperwork Reduction Act Notice, see instructions.  |     |                   |                    | Schedule  | A (Forn | n 990-T) 2021 |

|     | t III Cost of Goods Sold                             | inter method of inventor        | ory valuation ▶                                |                                       | raye <b>z</b> |
|-----|--|---------------------------------|--|---------------------------------------|---------------|
| 1   | Inventory at beginning of year                       |                                 |  |                                       |               |
| 2   | Purchases  |                                 |  | 2                                     |               |
| 3   | Cost of labor  |                                 |  |                                       |               |
| 4   | Additional section 263A costs (attach statement)     |                                 |  | 4                                     |               |
| 5   | Other costs (attach statement)                       |                                 |  | 5                                     |               |
| 6   | <b>Total.</b> Add lines 1 through 5                  |                                 |  | 6                                     |               |
| 7   | Inventory at end of year                             |                                 |  |                                       |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En  |                                 |  |                                       |               |
| 9   | Do the rules of section 263A (with respect to pro    |                                 |  |                                       | Yes No        |
| Par | t IV Rent Income (From Real Property                 |                                 |  |                                       |               |
| 1   | Description of property (property street address, co | ity, state, ZIP code). Check    | if a dual-use. See instruction                 | ons.                                  |               |
|     | A  |                                 |  |                                       |               |
|     | В  |                                 |  |                                       |               |
|     | с —  |                                 |  |                                       |               |
|     | D  |                                 | _  | _                                     |               |
|     | _  | A                               | В  | С                                     | D             |
| 2   | Rent received or accrued                             |                                 |  |                                       |               |
| а   | From personal property (if the percentage of         |                                 |  |                                       |               |
|     | rent for personal property is more than 10%          |                                 |  |                                       |               |
|     | but not more than 50%)                               |                                 |  |                                       |               |
| b   | From real and personal property (if the              |                                 |  |                                       |               |
|     | percentage of rent for personal property             |                                 |  |                                       |               |
|     | exceeds 50% or if the rent is based on profit or     |                                 |  |                                       |               |
|     | income)  |                                 |  |                                       |               |
| С   | Total rents received or accrued by property.         |                                 |  |                                       |               |
| •   | Add lines 2a and 2b, columns A through D             | A #h                            |  | (A)                                   |               |
| 3   | Total rents received or accrued. Add line 2c colur   | nns A through D. Enter nei      | re and on Part I, line 6, colu                 | mn (A)                                |               |
| 4   | Deductions directly connected with the income        |                                 |  |                                       |               |
| 4   | in lines 2(a) and 2(b) (attach statement)            |                                 |  |                                       |               |
| 5   | Total deductions. Add line 4 columns A through D     | Foter here and on Part I        | line 6 column (R)                              |                                       |               |
| J   | Total deductions. Add line 4 columns A through b     | . Liller Here and Off Fart I,   | iiile o, coluiiiii (b)                         | · · · · · · · · · · · · · · · · · · · |               |
| Par | t VE Unrelated Debt-Financed Income (                | see instructions)               |  |                                       |               |
| 1   | Description of debt-financed property (street addre  |                                 | Check if a dual-use. See ins                   | structions                            |               |
| •   | A Control of dest infanced property (exceeded        | 500, only, oraco, 211 '00do). ( | onook ii a aaai aoo. ooo iiio                  | a dollorio.                           |               |
|     | В  |                                 |  |                                       |               |
|     | c  |                                 |  |                                       |               |
|     | D  |                                 |  |                                       |               |
|     |  | Α                               | В  | С                                     | D             |
| 2   | Gross income from or allocable to debt -             |                                 |  |                                       |               |
|     | financed property                                    |                                 |  |                                       |               |
| 3   | Deductions directly connected with or allocable      |                                 |  |                                       |               |
|     | to debt-financed property                            |                                 |  |                                       |               |
| а   | Straight line depreciation (attach statement)        |                                 |  |                                       |               |
| b   | Other deductions (attach statement)                  |                                 |  |                                       |               |
| С   | Total deductions (add lines 3a and 3b,               |                                 |  |                                       |               |
|     | columns A through D)                                 |                                 |  |                                       |               |
| 4   | Amount of average acquisition debt on or allocable   |                                 |  |                                       |               |
|     | to debt - financed property (attach statement)       |                                 |  |                                       |               |
| 5   | Average adjusted basis of or allocable to debt-      |                                 |  |                                       |               |
|     | financed property (attach statement)                 |                                 |  |                                       |               |
| 6   | Divide line 4 by line 5                              | %                               | %  | %                                     | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6   |                                 |  |                                       |               |
| 8   | Total gross income (add line 7, columns A through    | h D). Enter here and on Pa      | art I, line 7, column (A)                      |                                       |               |
|     |  |                                 | <u>,                                      </u> |                                       |               |
| 9   | Allocable deductions. Multiply line 3c by line 6     |                                 |  |                                       |               |
| 10  | Total allocable deductions. Add line 9, columns A    | through D. Enter here an        | d on Part I, line 7, column (                  | B) ▶                                  |               |
| 11  | Total dividends-received deductions included in li   | ne 10                           |  | <b></b>                               |               |

| Schedule A (Form 990-T) 2021    |   |  |             |   |   |     | Page 3   |  |  |
|---------------------------------|---|--|-------------|---|---|-----|--|--|--|
| Part VI Interest, Ann           | uities, Royalt  | ies, and Rent                                  | s from C    | ontrolled Organi                              | zations (see instructions)  |     |  |  |  |
|                                 | Exempt Controlled Organizations                                       |  |             |   |   |     |  |  |  |
| Name of controlled organization | 2. Employer identification number                                     | 3. Net unrelate income (loss) (see instruction | )           | I. Total of specified payments made           | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  |     | Deductions directly connected with acome in column 5                 |  |  |
| (1)                             |   |  |             |   |   |     |  |  |  |
| (2)                             |   |  |             |   |   |     |  |  |  |
| (3)                             |   |  |             |   |   |     |  |  |  |
| (4)                             |   |  |             |   |   |     |  |  |  |
|                                 | •   | Nonexe   | empt Cont   | rolled Organization                           | ns  |     |  |  |  |
| 7. Taxable income               | ind   | let unrelated<br>come (loss)<br>instructions)  |             | otal of specified ayments made                | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income |     | Deductions directly connected with come in column 10                 |  |  |
| (1)                             |   |  |             |   |   |     |  |  |  |
| (2)                             |   |  |             |   |   |     |  |  |  |
| (3)                             |   |  |             |   |   |     |  |  |  |
| (4)                             |   |  |             |   |   |     |  |  |  |
| Totals                          |   |  |             |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                            | Ent | d columns 6 and 11.<br>er here and on Part I,<br>line 8, column (B)  |  |  |
| Part VII Investment II          |   |  |             | or (17) Organiza                              | tion (see instructions)   |     |  |  |  |
| 1. Description of income        |   | ount of income                                 | dire        | 3. Deductions ectly connected tach statement) | 4. Set-asides (attach statement)  |     | . Total deductions<br>and set-asides<br>dd columns 3 and 4)          |  |  |
| (1)                             |   |  |             |   |   |     |  |  |  |
| (2)                             |   |  |             |   |   |     |  |  |  |
| (3)                             |   |  |             |   |   |     |  |  |  |
| (4)                             |   |  |             |   |   |     |  |  |  |
| Totals                          | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |  |             |   |   | Ent | amounts in column 5.<br>er here and on Part I,<br>line 9, column (B) |  |  |
| Part VIII Exploited Ex          | empt Activity   | / Income, Oth                                  | er Than A   | Advertising Inco                              | me (see instructions)   |     |  |  |  |
| 1 Description of exploite       |   |  |             |   |   |     |  |  |  |
| 2 Gross unrelated busin         | ness income fro   | om trade or bus                                | iness. Ente | er here and on Pa                             | art I, line 10, column (A)  | 2   |  |  |  |
| 3 Expenses directly co          | nnected with p  | production of ur                               | nrelated bu | usiness income. Er                            | nter here and on Part I,  |     |  |  |  |
| line 10, column (B)             |   |  |             |   |   | 3   |  |  |  |
| 4 Net income (loss) f           | rom unrelated t   | rade or busines                                | s. Subtra   | ct line 3 from line                           | e 2. If a gain, complete  |     |  |  |  |
| lines 5 through 7               |   |  |             |   |   | 4   |  |  |  |
| 5 Gross income from a           | ctivity that is not   | unrelated business                             | s income.   |   |   | 5   |  |  |  |
| 6 Expenses attributable         | to income entere  | ed on line 5                                   |             |   |   | 6   |  |  |  |
| 7 Excess exempt exper           | nses. Subtract I  | ine 5 from line                                | 6, but de   | o not enter more                              | than the amount on line   |     |  |  |  |
| 4. Enter here and on F          | art II, line 12   |  |             | <u> </u>                                      |   | 7   |  |  |  |

| Par  | IX /     | Advertising Income                   |             |                                |                      |                     |                     |
|--|----------|--------------------------------------|-------------|--------------------------------|----------------------|---------------------|---------------------|
| 1  |          | s) of periodical(s). Check box if    | reporting   | g two or more periodicals o    | n a consolidated bas | is.                 |                     |
|  | A        | ĺ ·                                  |             | •                              |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  | В        | +                                    |             |                                |                      |                     |                     |
|  | с        | +                                    |             |                                |                      |                     |                     |
|  | D        |                                      |             |                                |                      |                     |                     |
| Enter  | amount   | s for each periodical listed abov    | e in the c  | orresponding column.           |                      |                     |                     |
|  |          |                                      |             | A                              | В                    | С                   | D                   |
| 2  | Gross    | advertising income                   |             |                                |                      |                     |                     |
|  |          | •                                    |             | `                              |                      | <u>'</u>            |                     |
| а  | Add 60   | dillilis A tillough B. Enter here    | and on i    | art i, iiiic 11, coluiiii (A). |                      |                     | . –                 |
| _  |          |                                      |             |                                |                      |                     |                     |
| 3  |          |                                      |             |                                |                      |                     |                     |
| а  | Add co   | lumns A through D. Enter here        | and on P    | art I, line 11, column (B) .   |                      |                     | . •                 |
|  |          |                                      |             |                                |                      |                     |                     |
| 4  | Adverti  | sing gain (loss). Subtract line 3    | from line   |                                |                      |                     |                     |
|  | 2. For   | any column in line 4 showing         | g a gain,   |                                |                      |                     |                     |
|  | comple   | te lines 5 through 8. For any c      | olumn in    |                                |                      |                     |                     |
|  | •        | •                                    |             |                                |                      |                     |                     |
|  |          | _                                    |             |                                |                      |                     |                     |
| 5  |          | -                                    |             |                                |                      |                     |                     |
|  |          | •                                    |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
| 7  |          |                                      |             |                                |                      |                     |                     |
|  | line 5,  | subtract line 6 from line 5. If line | e 5 is less |                                |                      |                     |                     |
|  | than lin | ie 6, enter zero                     |             |                                |                      |                     |                     |
| 8  | Excess   | readership costs allowed             | as a        |                                |                      |                     |                     |
|  | deducti  | on. For each column showing a        | a gain on   |                                |                      |                     |                     |
|  | line 4,  | enter the lesser of line 4 or line 7 | 7           |                                |                      |                     |                     |
| а  |          |                                      |             |                                | e 8a columns tot     | al or zero here and | on                  |
|  |          |                                      |             | -                              |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
| Par  | X (      | Compensation of Officers             | s, Direc    | tors, and Trustees (           | see instructions)    |                     |                     |
|  |          |                                      |             |                                |                      | 3. Percentage       | 4. Compensation     |
|  |          | 1. Name                              |             | 2. Title                       |                      | -                   |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      | 10 54011000         | um olated pacifices |
|  |          |                                      |             |                                |                      | %                   |                     |
|  |          |                                      |             |                                |                      | %                   |                     |
| (3)  |          |                                      |             |                                |                      | %                   |                     |
| (4)  |          |                                      |             |                                |                      | %                   |                     |
|  |          |                                      |             |                                |                      |                     |                     |
| Total  | . Enter  | here and on Part II. line 1          |             |                                |                      | ▶                   |                     |
|  |          |                                      |             |                                |                      |                     |                     |
| · ai   |          | pappiomontal imormatio               | 11 (000 11  | ioti dotionoj                  |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
| Enter amounts for each periodical listed above in the corresponding column.  A B C D  Gross advertising income |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |
|  |          |                                      |             |                                |                      |                     |                     |

JSA 1X2753 1.000 16733H K932

### SCHEDULE A: FUND 10

|         | / \             |      |              | /              | _ |              |
|---------|-----------------|------|--------------|----------------|---|--------------|
| TNCOME: | $(T_i \cap SS)$ | FROM | PARTMERSHIPS | $\Delta ND/OR$ | S | CORPORATIONS |

| ======================================= | SHARE OF GROSS INCOME | SHARE OF<br>DEDUCTIONS | GAIN OR<br>(LOSS) |
|---|-----------------------|------------------------|-------------------|
| NET ORDINARY INCOME - INVESTMENTS K-1   | 125,074.              |                        | 125,074.          |

125,074.

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

A Name of the organization

CHARLES KOCH FOUNDATION

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

48-0918408

OMB No. 1545-0074

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

Open to Public Inspection for 501(c)(3). Department of the Treasury Internal Revenue Service

B Employer identification number

| <b>C</b> Ur | nrelated business activity code (see instructions) ▶ 903011      |         |                 | D S  | equence:    | 11      | of 17            |    |
|-------------|--|---------|-----------------|------|-------------|---------|------------------|----|
| E D∈        | escribe the unrelated trade or business►FUND 11                  |         |                 |      |             |         |                  |    |
| Pai         | Unrelated Trade or Business Income                               |         | (A) Income      |      | (B) Expens  | ses     | (C) Net          |    |
| 1a          | Gross receipts or sales  |         |                 |      |             |         |                  |    |
| b           | Less returns and allowances c Balance ▶                          | 1c      |                 |      |             |         |                  |    |
| 2           | Cost of goods sold (Part III, line 8)                            | 2       |                 |      |             |         |                  |    |
| 3           | Gross profit. Subtract line 2 from line 1c                       | 3       |                 |      |             |         |                  |    |
| 4a          | Capital gain net income (attach Sch D (Form 1041 or Form         |         |                 |      |             |         |                  |    |
|             | 1120)). See instructions   | 4a      |                 |      |             |         |                  |    |
| b           | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b      |                 |      |             |         |                  |    |
| С           | Capital loss deduction for trusts                                | 4c      |                 |      |             |         |                  |    |
| 5           | Income (loss) from a partnership or an S corporation (attach     |         |                 |      |             |         |                  |    |
|             | statement) SEE. STATEMENT. 1                                     | 5       | -30,34          | 12.  |             |         | -30,34           | 2. |
| 6           | Rent income (Part IV)  | 6       |                 |      |             |         |                  |    |
| 7           | Unrelated debt-financed income (Part V)                          | 7       |                 |      |             |         |                  |    |
| 8           | Interest, annuities, royalties, and rents from a controlled      |         |                 |      |             |         |                  |    |
|             | organization (Part VI)   | 8       |                 |      |             |         |                  |    |
| 9           | Investment income of section 501(c)(7), (9), or (17)             |         |                 |      |             |         |                  |    |
|             | organizations (Part VII)   | 9       |                 |      |             |         |                  |    |
| 0           | Exploited exempt activity income (Part VIII)                     | 10      |                 |      |             |         |                  |    |
| 1           | Advertising income (Part IX)                                     | 11      |                 |      |             |         |                  |    |
| 2           | Other income (see instructions; attach statement)                | 12      |                 |      |             |         |                  |    |
| 3           | Total. Combine lines 3 through 12                                | 13      | -30,34          | 12.  |             |         | -30,34           | 2. |
| Pai         | Tt II Deductions Not Taken Elsewhere See instructions to         | for lin | nitations on de | duct | ions. Deduc | tions m | nust be          |    |
|             | directly connected with the unrelated business incom             | ie      |                 |      |             |         |                  |    |
| 1           | Compensation of officers, directors, and trustees (Part X)       |         |                 |      |             | 1       |                  |    |
| 2           | Salaries and wages   |         |                 |      |             | 2       |                  |    |
| 3           | Repairs and maintenance  |         |                 |      |             | 3       |                  |    |
| 4           | Bad debts  |         |                 |      |             | 4       |                  |    |
| 5           | Interest (attach statement). See instructions                    |         |                 |      |             | 5       |                  |    |
| 6           | Taxes and licenses   |         |                 |      |             | 6       |                  |    |
| 7           | Depreciation (attach Form 4562). See instructions                |         |                 |      |             |         |                  |    |
| 8           | Less depreciation claimed in Part III and elsewhere on return .  |         | 8a              |      |             | 8b      |                  |    |
| 9           | Depletion  |         |                 |      |             | 9       |                  |    |
| 0           | Contributions to deferred compensation plans                     |         |                 |      |             | 10      |                  |    |
| 1           | Employee benefit programs  |         |                 |      |             | 11      |                  |    |
| 2           | Excess exempt expenses (Part VIII)                               |         |                 |      |             | 12      |                  |    |
| 3           | Excess readership costs (Part IX)                                |         |                 |      |             |         |                  |    |
| 4           | Other deductions (attach statement)                              |         |                 |      |             |         |                  |    |
| 5           | Total deductions. Add lines 1 through 14                         |         |                 |      |             |         |                  |    |
| 6           | Unrelated business income before net operating loss deduction    |         |                 |      |             |         |                  |    |
|             | column (C)   |         |                 |      |             | 16      | -30,34           | 2. |
| 7           | Deduction for net operating loss. See instructions               |         |                 |      |             |         |                  |    |
| 8           | Unrelated business taxable income. Subtract line 17 from line    |         |                 |      |             |         | -30,34           | 2. |
| or P        | aperwork Reduction Act Notice, see instructions.                 |         |                 |      |             |         | A (Form 990-T) 2 |    |

|     | t III Cost of Goods Sold   | Inter method of inventor       | ory valuation ▶                |                                       | raye <b>z</b> |
|-----|--|--------------------------------|--------------------------------|---------------------------------------|---------------|
| 1   | Inventory at beginning of year   |                                |                                |                                       |               |
| 2   | Purchases  |                                |                                | 2                                     |               |
| 3   | Cost of labor  |                                |                                |                                       |               |
| 4   | Additional section 263A costs (attach statement)                                       |                                |                                | 4                                     |               |
| 5   | Other costs (attach statement)   |                                |                                | 5                                     |               |
| 6   | <b>Total.</b> Add lines 1 through 5  |                                |                                | 6                                     |               |
| 7   | Inventory at end of year   |                                |                                |                                       |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En                                    |                                |                                |                                       |               |
| 9   | Do the rules of section 263A (with respect to pro                                      |                                |                                |                                       | Yes No        |
| Par | t IV Rent Income (From Real Property   |                                |                                |                                       |               |
| 1   | Description of property (property street address, c                                    | ity, state, ZIP code). Check   | if a dual-use. See instruction | ons.                                  |               |
|     | A  |                                |                                |                                       |               |
|     | В  |                                |                                |                                       |               |
|     | с —  |                                |                                |                                       |               |
|     | D  |                                | _                              | _                                     |               |
|     | _  | A                              | В                              | С                                     | D             |
| 2   | Rent received or accrued   |                                |                                |                                       |               |
| а   | From personal property (if the percentage of   |                                |                                |                                       |               |
|     | rent for personal property is more than 10%  |                                |                                |                                       |               |
|     | but not more than 50%)   |                                |                                |                                       |               |
| b   | From real and personal property (if the percentage of rent for personal property       |                                |                                |                                       |               |
|     | exceeds 50% or if the rent is based on profit or                                       |                                |                                |                                       |               |
|     | income)  |                                |                                |                                       |               |
| _   | <i>'</i>   |                                |                                |                                       |               |
| С   | Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D |                                |                                |                                       |               |
| •   | Total rents received or accrued. Add line 2c colur                                     | nna A through D. Entar ha      | ro and an Dart L line 6 calu   | mn (A)                                |               |
| 3   | Total ferits received of accrued. Add line 20 colur                                    | iins A through D. Enter he     | e and on Part I, line o, colu  | (A)                                   |               |
| 4   | Deductions directly connected with the income  |                                |                                |                                       |               |
| -   | in lines 2(a) and 2(b) (attach statement)  |                                |                                |                                       |               |
| 5   | Total deductions. Add line 4 columns A through D                                       | ) Enter here and on Part I     | line 6 column (B)              |                                       |               |
| ·   | Total addactional year mile it columns year and agent                                  | . Entor noro and on r art i,   | ( <i>b</i> )                   |                                       |               |
| Par | t V Unrelated Debt-Financed Income (   | see instructions)              |                                |                                       |               |
| 1   | Description of debt-financed property (street addre                                    | ess, city, state, ZIP code). ( | Check if a dual-use. See ins   | structions.                           |               |
|     | A  | , , , ,                        |                                |                                       |               |
|     | В  |                                |                                |                                       |               |
|     | с 🗌  |                                |                                |                                       |               |
|     | D  |                                |                                |                                       |               |
|     |  | Α                              | В                              | С                                     | D             |
| 2   | Gross income from or allocable to debt -   |                                |                                |                                       |               |
|     | financed property  |                                |                                |                                       |               |
| 3   | Deductions directly connected with or allocable  |                                |                                |                                       |               |
|     | to debt-financed property  |                                |                                |                                       |               |
| а   | Straight line depreciation (attach statement).   |                                |                                |                                       |               |
| b   | Other deductions (attach statement)  |                                |                                |                                       |               |
| С   | Total deductions (add lines 3a and 3b,   |                                |                                |                                       |               |
|     | columns A through D)   |                                |                                |                                       |               |
| 4   | Amount of average acquisition debt on or allocable                                     |                                |                                |                                       |               |
|     | to debt - financed property (attach statement)   |                                |                                |                                       |               |
| 5   | Average adjusted basis of or allocable to debt-  |                                |                                |                                       |               |
|     | financed property (attach statement)   |                                |                                |                                       |               |
| 6   | Divide line 4 by line 5  | %                              | %                              | %                                     | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6                                     |                                |                                |                                       |               |
| 8   | Total gross income (add line 7, columns A through                                      | h D). Enter here and on Pa     | art I, line 7, column (A)      | · · · · · · · · • <u> </u>            |               |
|     |  | I                              | I                              | 1                                     |               |
| 9   | Allocable deductions. Multiply line 3c by line 6                                       |                                |                                |                                       |               |
| 10  | Total allocable deductions. Add line 9, columns A                                      | -                              | •                              | · · · · · · · · · · · · · · · · · · · |               |
| 11  | Total dividends-received deductions included in l                                      | ine 10                         |                                | <b> </b>                              |               |

Schedule A (Form 990-T) 2021

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| Schedule A (Form 990-1) 2021    |                                   | ing and Doub  | - f Ot  |   | Page 3  |  |
|---------------------------------|-----------------------------------|---|---|---|---|--|
| Part VI Interest, An            | nuities, Royalt                   | ies, and Rents  | s from Controlled Organ                                   |   |   |  |
|                                 |                                   |   | Exempt Co   | ntrolled Organizations  |   |  |
| Name of controlled organization | 2. Employer identification number | 3. Net unrelate income (loss) (see instruction            | payments made   | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  | 6. Deductions directly connected with income in column 5                    |  |
| (1)                             |                                   |   |   |   |   |  |
| (2)                             |                                   |   |   |   |   |  |
| (3)                             |                                   |   |   |   |   |  |
| (4)                             |                                   |   |   |   |   |  |
|                                 |                                   | Nonexe  | empt Controlled Organizatio                               | ons   |   |  |
| 7. Taxable income               | in                                | Net unrelated come (loss) e instructions)                 | 9. Total of specified payments made                       | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income | 11. Deductions directly connected with income in column 10                  |  |
| (1)                             |                                   |   |   |   |   |  |
| (2)                             |                                   |   |   |   |   |  |
| (3)                             |                                   |   |   |   |   |  |
| (4)                             |                                   |   |   |   |   |  |
| Totals                          |                                   |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                            | Add columns 6 and 11.<br>Enter here and on Part I,<br>line 8, column (B)    |  |
|                                 |                                   |   | (7), (9), or (17) Organiza                                | ation (see instructions)  |   |  |
| 1. Description of income        |                                   | ount of income  | 3. Deductions<br>directly connected<br>(attach statement) | 4. Set-asides (attach statement)  | 5. Total deductions<br>and set-asides<br>(add columns 3 and 4)              |  |
| (1)                             |                                   |   |   |   |   |  |
| (2)                             |                                   |   |   |   |   |  |
| (3)                             |                                   |   |   |   |   |  |
| (4)                             |                                   |   |   |   |   |  |
| Totals                          | Enter he                          | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |   |   | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B) |  |
|                                 |                                   | / Income. Oth   | er Than Advertising Inco                                  | me (see instructions)   |   |  |
| Description of exploi           | •                                 | , <b>,</b>  | <u> </u>  |   |   |  |
| ·                               |                                   | om trade or bus   | iness. Enter here and on Pa                               | art I. line 10. column (A)  | 2   |  |
|                                 |                                   |   | nrelated business income. E                               | ,   | _   |  |
| line 10, column (B)             | line 10, column (B)               |   |   |   |   |  |
| , , ,                           |                                   | trade or busines  | s. Subtract line 3 from lin                               | ne 2. If a gain, complete   |   |  |
| lines 5 through 7               |                                   |   |   |   | 4   |  |
| · ·                             |                                   |   | s income  |   | 5   |  |
|                                 | •                                 |   |   |   | 6   |  |
| 7 Excess exempt exp             | enses. Subtract I                 | ine 5 from line   | 6, but do not enter more                                  | than the amount on line   |   |  |
| 4. Enter here and on            | Part II, line 12                  | <u> </u>  |   |   | 7   |  |

| Par   | t IX      | Advertising Income                |                |                               |                       |                    |                    |
|-------|-----------|-----------------------------------|----------------|-------------------------------|-----------------------|--------------------|--------------------|
| 1     |           | s) of periodical(s). Check box    | x if reporting | two or more periodicals o     | n a consolidated basi | S.                 |                    |
|       | A C       | í , , , ,                         |                | •                             |                       |                    |                    |
|       |           | +                                 |                |                               |                       |                    |                    |
|       | В         | +                                 |                |                               |                       |                    |                    |
|       | c         | <u> </u>                          |                |                               |                       |                    |                    |
|       | D         |                                   |                |                               |                       |                    |                    |
| Enter | amounts   | s for each periodical listed at   | pove in the co | orresponding column.          |                       |                    |                    |
|       |           |                                   |                | Α                             | В                     | С                  | D                  |
| 2     | Gross     | advertising income                |                |                               |                       |                    |                    |
| а     | Add co    | lumns A through D. Enter he       | ere and on Pa  | art I, line 11, column (A)    |                       |                    | . ▶                |
|       |           | · ·                               |                |                               |                       |                    | -                  |
| 3     | Direct a  | advertising costs by periodica    | nl .           |                               |                       |                    |                    |
| а     |           | lumns A through D. Enter he       |                | ort L line 11 column (R)      |                       |                    | _                  |
| а     | Add 00    | dilling A tillough D. Enter he    | ore and on re  | irti, iiric 11, coluiiii (b). |                       |                    |                    |
|       | ۸         | -i (l) Code to t lin              | 0 f Ii         |                               |                       |                    |                    |
| 4     |           | sing gain (loss). Subtract line   |                |                               |                       |                    |                    |
|       |           | any column in line 4 show         |                |                               |                       |                    |                    |
|       | •         | te lines 5 through 8. For any     | -              |                               |                       |                    |                    |
|       |           | showing a loss or zero, do no     |                |                               |                       |                    |                    |
|       | lines 5   | through 7, and enter zero on      | line 8         |                               |                       |                    |                    |
| 5     | Reader    | ship costs                        |                |                               |                       |                    |                    |
| 6     | Circula   | tion income                       |                |                               |                       |                    |                    |
| 7     | Excess    | readership costs. If line 6 i     | is less than   |                               |                       |                    |                    |
|       | line 5, s | subtract line 6 from line 5. If I | ine 5 is less  |                               |                       |                    |                    |
|       |           | e 6, enter zero                   |                |                               |                       |                    |                    |
| 8     |           | readership costs allow            |                |                               |                       |                    |                    |
| •     |           | on. For each column showin        |                |                               |                       |                    |                    |
|       |           | enter the lesser of line 4 or lin | -              |                               |                       |                    |                    |
| _     |           | ne 8, columns A through           |                | the greater of the line       | . Oa aalumna tat      | d or zoro boro and | 00                 |
| а     |           |                                   |                | -                             |                       |                    | Oli                |
|       | rait ii,  | line 13                           |                |                               |                       |                    | <b>&gt;</b>        |
| Par   | t X       | Compensation of Office            | ers, Direct    | tors, and Trustees (s         | see instructions)     |                    |                    |
|       |           |                                   |                |                               |                       | 3. Percentage      | 4. Compensation    |
|       |           | 1. Name                           |                | 2. Title                      |                       | of time devoted    | attributable to    |
|       |           |                                   |                |                               |                       | to business        | unrelated business |
|       |           |                                   |                |                               |                       | to business        | um clated business |
| (1)   |           |                                   |                |                               |                       | %                  |                    |
| (2)   |           |                                   |                |                               |                       | %                  |                    |
| (3)   |           |                                   |                |                               |                       | %                  |                    |
| (4)   |           |                                   |                |                               |                       | %                  |                    |
|       |           |                                   |                |                               |                       |                    |                    |
| Tota  | I. Enter  | here and on Part II, line 1       |                |                               |                       |                    |                    |
|       |           | Supplemental Informat             |                |                               |                       | •                  |                    |
|       |           | •                                 | ,              | ,                             |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |
|       |           |                                   |                |                               |                       |                    |                    |

JSA 1X2753 1.000 16733H K932

#### SCHEDULE A: FUND 11

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

|              | :========= | ========= |
|--------------|------------|-----------|
| SHARE OF     | SHARE OF   | GAIN OR   |
| GROSS INCOME |            | (LOSS)    |

-30,342. -30,342. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS -30,342.

==========

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

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

B Employer identification number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

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

| _CH         | ARLES KOCH FOUNDATION  |    |                 | 48-0918            | 408       |        |   |
|-------------|--|----|-----------------|--------------------|-----------|--------|---|
|             |  |    |                 |                    |           |        |   |
| C Ur        | related business activity code (see instructions) ▶ 903012   |    |                 | <b>D</b> Sequence: | 12        | of     | <u> 17                                   </u> |
|             |  |    |                 |                    |           |        |   |
| E De        | scribe the unrelated trade or business ►FUND 12  |    | T               |                    |           |        |   |
| Pai         | Unrelated Trade or Business Income   |    | (A) Income      | (В) Ехр            | enses     |        | (C) Net                                       |
| 1a          | Gross receipts or sales  |    |                 |                    |           |        |   |
| b           | Less returns and allowances c Balance ▶  | 1c |                 |                    |           |        |   |
| 2           | Cost of goods sold (Part III, line 8)  | 2  |                 |                    |           |        |   |
| 3           | Gross profit. Subtract line 2 from line 1c   | 3  |                 |                    |           |        |   |
| 4a          | Capital gain net income (attach Sch D (Form 1041 or Form   |    |                 |                    |           |        |   |
|             | 1120)). See instructions   | 4a |                 |                    |           |        |   |
| b           | Net gain (loss) (Form 4797) (attach Form 4797). See instructions   | 4b |                 |                    |           |        |   |
| С           | Capital loss deduction for trusts  | 4c |                 |                    |           |        |   |
| 5           | Income (loss) from a partnership or an S corporation (attach   |    |                 |                    |           |        |   |
|             | statement) SEE. STATEMENT. 1   | 5  | -253,44         | 5.                 |           | -2     | <u>253,445.</u>                               |
| 6           | Rent income (Part IV)  | 6  |                 |                    |           |        |   |
| 7           | Unrelated debt-financed income (Part V)  | 7  |                 |                    |           |        |   |
| 8           | Interest, annuities, royalties, and rents from a controlled  |    |                 |                    |           |        |   |
|             | organization (Part VI)   | 8  |                 |                    |           |        |   |
| 9           | Investment income of section 501(c)(7), (9), or (17)   |    |                 |                    |           |        |   |
|             | organizations (Part VII)   | 9  |                 |                    |           |        |   |
| 10          | Exploited exempt activity income (Part VIII)   | 10 |                 |                    |           |        |   |
| 11          | Advertising income (Part IX)   | 11 |                 |                    |           |        |   |
| 12          | Other income (see instructions; attach statement)  | 12 | 0.50 4.4        | _                  |           |        |   |
| 13          | Total. Combine lines 3 through 12  |    | -253,44         |                    |           |        | <u> 253,445.</u>                              |
| Pal         | Deductions Not Taken Elsewhere See instructions f directly connected with the unrelated business incom           |    | nitations on de | ductions. Ded      | uctions r | nust b | е   |
| 1           | Compensation of officers, directors, and trustees (Part X)   |    |                 |                    | 1         |        |   |
| 2           | Salaries and wages   |    |                 |                    |           |        |   |
| 3           | Repairs and maintenance  |    |                 |                    | 3         |        |   |
| 4           | Bad debts  |    |                 |                    | 4         |        |   |
| 5           | Interest (attach statement). See instructions  |    |                 |                    | 5         |        |   |
| 6           | Taxes and licenses   |    |                 |                    | 6         |        |   |
| 7           | Depreciation (attach Form 4562). See instructions  |    | 7               |                    |           |        |   |
| 8           | Less depreciation claimed in Part III and elsewhere on return .  |    |                 |                    | 8b        |        |   |
| 9           | Depletion  |    |                 |                    | 9         |        |   |
| 10          | Contributions to deferred compensation plans   |    |                 |                    |           |        |   |
| 11          | Employee benefit programs  |    |                 |                    |           |        |   |
| 12          | Excess exempt expenses (Part VIII)   |    |                 |                    |           |        |   |
| 13          | Excess readership costs (Part IX)  |    |                 |                    |           |        |   |
| 14          | Other deductions (attach statement)  |    |                 |                    |           |        |   |
| 15          | Total deductions. Add lines 1 through 14   |    |                 |                    |           |        |   |
| 16          | Unrelated business income before net operating loss deduction  |    |                 |                    |           | _ ا    | ) F 2 4 4 F                                   |
|             | column (C)   |    |                 |                    |           | - 2    | <u> 253,445.</u>                              |
| 17          | Deduction for net operating loss. See instructions   |    |                 |                    |           |        | ) [ ]   |
| 18<br>For B | Unrelated business taxable income. Subtract line 17 from line 1 aperwork Reduction Act Notice, see instructions. | 10 |                 |                    |           |        | 253,445.                                      |
| FOT P       | aperwork Reduction Activiouse, see instructions.   |    |                 |                    | ocneaule  | A (FO  | m 990-T) 2021                                 |

|     | t III Cost of Goods Sold   | Inter method of inventor       | ory valuation ▶                |                                       | raye <b>z</b> |
|-----|--|--------------------------------|--------------------------------|---------------------------------------|---------------|
| 1   | Inventory at beginning of year   |                                |                                |                                       |               |
| 2   | Purchases  |                                |                                | 2                                     |               |
| 3   | Cost of labor  |                                |                                |                                       |               |
| 4   | Additional section 263A costs (attach statement)                                       |                                |                                | 4                                     |               |
| 5   | Other costs (attach statement)   |                                |                                | 5                                     |               |
| 6   | <b>Total.</b> Add lines 1 through 5  |                                |                                | 6                                     |               |
| 7   | Inventory at end of year   |                                |                                |                                       |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En                                    |                                |                                |                                       |               |
| 9   | Do the rules of section 263A (with respect to pro                                      |                                |                                |                                       | Yes No        |
| Par | t IV Rent Income (From Real Property   |                                |                                |                                       |               |
| 1   | Description of property (property street address, c                                    | ity, state, ZIP code). Check   | if a dual-use. See instruction | ons.                                  |               |
|     | A  |                                |                                |                                       |               |
|     | В  |                                |                                |                                       |               |
|     | с —  |                                |                                |                                       |               |
|     | D  |                                | _                              | _                                     |               |
|     | _  | A                              | В                              | С                                     | D             |
| 2   | Rent received or accrued   |                                |                                |                                       |               |
| а   | From personal property (if the percentage of   |                                |                                |                                       |               |
|     | rent for personal property is more than 10%  |                                |                                |                                       |               |
|     | but not more than 50%)   |                                |                                |                                       |               |
| b   | From real and personal property (if the percentage of rent for personal property       |                                |                                |                                       |               |
|     | exceeds 50% or if the rent is based on profit or                                       |                                |                                |                                       |               |
|     | income)  |                                |                                |                                       |               |
| _   | <i>'</i>   |                                |                                |                                       |               |
| С   | Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D |                                |                                |                                       |               |
| •   | Total rents received or accrued. Add line 2c colur                                     | nna A through D. Entar ha      | ro and an Dart L line 6 calu   | mn (A)                                |               |
| 3   | Total ferits received of accrued. Add life 20 colur                                    | iins A through D. Enter he     | e and on Part I, line o, colu  | (A)                                   |               |
| 4   | Deductions directly connected with the income  |                                |                                |                                       |               |
| -   | in lines 2(a) and 2(b) (attach statement)  |                                |                                |                                       |               |
| 5   | Total deductions. Add line 4 columns A through D                                       | ) Enter here and on Part I     | line 6 column (B)              |                                       |               |
| ·   | Total addactional year mile it columns year and agent                                  | . Entor noro and on r art i,   | ( <i>b</i> )                   |                                       |               |
| Par | t V Unrelated Debt-Financed Income (   | see instructions)              |                                |                                       |               |
| 1   | Description of debt-financed property (street addre                                    | ess, city, state, ZIP code). ( | Check if a dual-use. See ins   | structions.                           |               |
|     | A  | , , , ,                        |                                |                                       |               |
|     | В  |                                |                                |                                       |               |
|     | с 🗌  |                                |                                |                                       |               |
|     | D  |                                |                                |                                       |               |
|     |  | Α                              | В                              | С                                     | D             |
| 2   | Gross income from or allocable to debt -   |                                |                                |                                       |               |
|     | financed property  |                                |                                |                                       |               |
| 3   | Deductions directly connected with or allocable  |                                |                                |                                       |               |
|     | to debt-financed property  |                                |                                |                                       |               |
| а   | Straight line depreciation (attach statement).   |                                |                                |                                       |               |
| b   | Other deductions (attach statement)  |                                |                                |                                       |               |
| С   | Total deductions (add lines 3a and 3b,   |                                |                                |                                       |               |
|     | columns A through D)   |                                |                                |                                       |               |
| 4   | Amount of average acquisition debt on or allocable                                     |                                |                                |                                       |               |
|     | to debt - financed property (attach statement)   |                                |                                |                                       |               |
| 5   | Average adjusted basis of or allocable to debt-  |                                |                                |                                       |               |
|     | financed property (attach statement)   |                                |                                |                                       |               |
| 6   | Divide line 4 by line 5  | %                              | %                              | %                                     | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6                                     |                                |                                |                                       |               |
| 8   | Total gross income (add line 7, columns A through                                      | h D). Enter here and on Pa     | art I, line 7, column (A)      | · · · · · · · · • <u> </u>            |               |
|     |  | I                              | I                              | 1                                     |               |
| 9   | Allocable deductions. Multiply line 3c by line 6                                       |                                |                                |                                       |               |
| 10  | Total allocable deductions. Add line 9, columns A                                      | -                              | •                              | · · · · · · · · · · · · · · · · · · · |               |
| 11  | Total dividends-received deductions included in l                                      | ine 10                         |                                | <b> </b>                              |               |

| Schedule A (Form 990-1) 2021                |   |   |   |  | Page 3  |  |  |
|---|---|---|---|--|---|--|--|
| Part VI Interest, Ann                       | uities, Royalt  | ies, and Rents  |   | nizations (see instructions)   |   |  |  |
|   |   |   | Exempt Controlled Organizations                           |  |   |  |  |
| Name of controlled organization             | 2. Employer identification number   | 3. Net unrelate income (loss) (see instruction            | payments made   | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income | 6. Deductions directly connected with income in column 5                    |  |  |
| (1)   |   |   |   |  |   |  |  |
| (2)   |   |   |   |  |   |  |  |
| (3)   |   |   |   |  |   |  |  |
| (4)   |   |   |   |  |   |  |  |
|   | 1   | Nonexe  | empt Controlled Organizat                                 | tions  |   |  |  |
| 7. Taxable income                           | ine   | let unrelated come (loss) a instructions)                 | 9. Total of specified payments made                       | 10. Part of column 9 that is included in the controlling organization's gross income         | 11. Deductions directly connected with income in column 10                  |  |  |
| (1)   |   |   |   |  |   |  |  |
| (2)   |   |   |   |  |   |  |  |
| (3)   |   |   |   |  |   |  |  |
| (4)   |   |   |   |  |   |  |  |
| Totals                                      |   |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                           | Add columns 6 and 11.<br>Enter here and on Part I,<br>line 8, column (B)    |  |  |
| Part VII Investment II                      | ncome of a S  | ection 501(c)   | (7), (9), or (17) Organiz                                 | zation (see instructions)  |   |  |  |
| 1. Description of income                    |   | ount of income  | 3. Deductions<br>directly connected<br>(attach statement) | 4. Set-asides (attach statement)   | 5. Total deductions<br>and set-asides<br>(add columns 3 and 4)              |  |  |
| (1)   |   |   |   |  |   |  |  |
| (2)   |   |   |   |  |   |  |  |
| (3)   |   |   |   |  |   |  |  |
| (4)   |   |   |   |  |   |  |  |
| Totals                                      | Enter he  | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |   |  | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B) |  |  |
| Part VIII Exploited Ex                      |   | / Income. Othe  | er Than Advertising Inc                                   | come (see instructions)  |   |  |  |
| <ol> <li>Description of exploite</li> </ol> |   |   |   | -/   |   |  |  |
| •   | · -   | om trade or bus   | iness. Enter here and on                                  | Part I, line 10, column (A)  | 2   |  |  |
| 3 Expenses directly co                      | Expenses directly connected with production of unrelated business income. Enter here and on Part I, |   |   |  |   |  |  |
| line 10, column (B)                         |   |   |   |  | 3   |  |  |
| 4 Net income (loss) f                       | rom unrelated t   | rade or busines   | s. Subtract line 3 from I                                 | ine 2. If a gain, complete   |   |  |  |
| lines 5 through 7                           |   |   |   |  | 4   |  |  |
| 5 Gross income from a                       | ctivity that is not   | unrelated business  | s income  |  | 5   |  |  |
| 6 Expenses attributable                     | to income entere  | ed on line 5  |   |  | 6   |  |  |
| 7 Excess exempt exper                       | nses. Subtract I  | ine 5 from line   | 6, but do not enter more                                  | e than the amount on line  |   |  |  |
| 4. Enter here and on P                      | Part II, line 12  |   |   |  | 7   |  |  |

| 1     | t IX Advertising Income  |   |                     |                       |                                |
|-------|--|---|---------------------|-----------------------|--------------------------------|
|       | Name(s) of periodical(s). Check box                              | x if reporting two or more periodicals on a | consolidated basis. |                       |                                |
|       | A .  |   |                     |                       |                                |
|       | В  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | <u> </u>   |   |                     |                       |                                |
|       | D  |   |                     |                       |                                |
| Enter | amounts for each periodical listed at                            | pove in the corresponding column.           |                     |                       |                                |
|       |  | A   | В                   | С                     | D                              |
| 2     | Gross advertising income   |   |                     |                       |                                |
| a     |  | ere and on Part I, line 11, column (A)      |                     |                       |                                |
| a     | Add coldiniis A through B. Enter he                              | are and on rearri, line 11, column (A).     |                     | · · · · · · · · · · • |                                |
|       |  |   |                     |                       |                                |
| 3     | Direct advertising costs by periodical                           |   |                     |                       |                                |
| а     | Add columns A through D. Enter he                                | re and on Part I, line 11, column (B)       |                     |                       | <b>-</b>                       |
|       |  |   |                     |                       |                                |
| 4     | Advertising gain (loss). Subtract line                           | 3 from line                                 |                     |                       |                                |
|       | 2. For any column in line 4 show                                 |   |                     |                       |                                |
|       | complete lines 5 through 8. For any                              |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | line 4 showing a loss or zero, do no                             |   |                     |                       |                                |
|       | lines 5 through 7, and enter zero on                             |   |                     |                       |                                |
| 5     | Readership costs   |   |                     |                       |                                |
| 6     | Circulation income   |   |                     |                       |                                |
| 7     | Excess readership costs. If line 6 i                             | s less than                                 |                     |                       |                                |
|       | line 5, subtract line 6 from line 5. If I                        | ine 5 is less                               |                     |                       |                                |
|       | than line 6, enter zero  |   |                     |                       |                                |
| 8     | Excess readership costs allow                                    |   |                     |                       |                                |
| O     | •  |   |                     |                       |                                |
|       | deduction. For each column showin                                |   |                     |                       |                                |
|       | line 4, enter the lesser of line 4 or lin                        |   |                     |                       |                                |
| а     |  | D. Enter the greater of the line 8          |                     |                       | 1                              |
|       | Part II, line 13   |   |                     |                       | <b></b>                        |
| Par   | t Y Componention of Office                                       | ers, Directors, and Trustees (see           | instructions)       |                       |                                |
| ıaı   | Compensation of Office   |   |                     |                       |                                |
|       |  |   | 3                   | . Percentage          | <ol><li>Compensation</li></ol> |
|       | 1. Name  | 2. Title                                    | of                  | time devoted          | attributable to                |
|       |  |   |                     | to business           | unrelated business             |
| /1\   |  |   |                     | 0/                    |                                |
| (1)   |  |   |                     | %                     |                                |
| (2)   |  |   |                     | %                     |                                |
| (3)   |  |   |                     | %                     |                                |
| (4)   |  |   |                     | %                     |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
| Total | I. Enter here and on Part II, line 1                             |   |                     |                       |                                |
|       |  | ion (see instructions)                      |                     |                       |                                |
|       | I. Enter here and on Part II, line 1 It XI Supplemental Informat |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |

JSA 1X2753 1.000 16733H K932

#### SCHEDULE A: FUND 12

| INCOME (LOS | S) FROM | PARTNERSHIPS | AND/OR | S | CORPORATIONS |
|-------------|---------|--------------|--------|---|--------------|
|             |         |              |        |   |              |

| SHARE OF | SHARE OF | GAIN OR |
|----------|----------|---------|

GROSS INCOME DEDUCTIONS (LOSS)

-253,445. -253,445. NET ORDINARY INCOME - INVESTMENTS K-1

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS -253,445.

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

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

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

OMB No. 1545-0074

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).

| Department of the Treasury Internal Revenue Service | Do not enter SSN numbers on this form as it may be made public in |                                  |
|---|---|----------------------------------|
| A Name of the organiz                               | zation  | B Employer identification number |
| CHARLES KOCH  | H FOUNDATION  | 48-0918408                       |
| C Unrelated business                                | activity code (see instructions) ► 903013                         | <b>D</b> Sequence: 13 of 17      |

| 0 01 | related business activity code (see instructions) > 903013       |        |                    | sequence. <u>T</u> | 3 (     | <u> </u> |
|------|--|--------|--------------------|--------------------|---------|----------|
| E De | scribe the unrelated trade or business ►FUND 13                  |        |                    |                    |         |          |
| Par  | Unrelated Trade or Business Income                               |        | (A) Income         | (B) Expense        | es      | (C) Net  |
| 1a   | Gross receipts or sales  |        |                    |                    |         |          |
| b    | Less returns and allowances c Balance ▶                          | 1c     |                    |                    |         |          |
| 2    | Cost of goods sold (Part III, line 8)                            | 2      |                    |                    |         |          |
| 3    | Gross profit. Subtract line 2 from line 1c                       | 3      |                    |                    |         |          |
| 4a   | Capital gain net income (attach Sch D (Form 1041 or Form         |        |                    |                    |         |          |
|      | 1120)). See instructions   | 4a     |                    |                    |         |          |
| b    | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b     |                    |                    |         |          |
| С    | Capital loss deduction for trusts                                | 4c     |                    |                    |         |          |
| 5    | Income (loss) from a partnership or an S corporation (attach     |        |                    |                    |         |          |
|      | statement)   | 5      |                    |                    |         |          |
| 6    | Rent income (Part IV)  | 6      |                    |                    |         |          |
| 7    | Unrelated debt-financed income (Part V)                          | 7      |                    |                    |         |          |
| 8    | Interest, annuities, royalties, and rents from a controlled      |        |                    |                    |         |          |
|      | organization (Part VI)   | 8      |                    |                    |         |          |
| 9    | Investment income of section 501(c)(7), (9), or (17)             |        |                    |                    |         |          |
|      | organizations (Part VII)   | 9      |                    |                    |         |          |
| 10   | Exploited exempt activity income (Part VIII)                     | 10     |                    |                    |         |          |
| 11   | Advertising income (Part IX)                                     | 11     |                    |                    |         |          |
| 12   | Other income (see instructions; attach statement)                | 12     |                    |                    |         |          |
| 13   | Total. Combine lines 3 through 12                                | 13     |                    |                    |         |          |
| Par  | Tell Deductions Not Taken Elsewhere See instructions f           | or lim | nitations on deduc | tions. Deducti     | ons mus | st be    |
|      | directly connected with the unrelated business incom             | е      |                    |                    |         |          |
| 1    | Compensation of officers, directors, and trustees (Part X)       |        |                    |                    | 1       |          |
| 2    | Salaries and wages   |        |                    |                    | 2       |          |
| 3    | Repairs and maintenance  |        |                    |                    | 3       |          |
| 4    | Bad debts  |        |                    |                    | 4       |          |
| 5    | Interest (attach statement). See instructions                    |        |                    |                    | 5       |          |
| 6    | Taxes and licenses   |        |                    |                    | 6       |          |
| 7    | Depreciation (attach Form 4562). See instructions                |        | 7                  |                    |         |          |
| 8    | Less depreciation claimed in Part III and elsewhere on return    |        |                    |                    | 8b      |          |
| 9    | Depletion  |        |                    |                    | 9       |          |
| 10   | Contributions to deferred compensation plans                     |        |                    |                    | 10      |          |
| 11   | Employee benefit programs  |        |                    |                    | 11      |          |
| 12   | Excess exempt expenses (Part VIII)                               |        |                    |                    | 12      |          |
| 13   | Excess readership costs (Part IX)                                |        |                    |                    | 13      |          |
| 14   | Other deductions (attach statement)                              |        |                    |                    | 14      |          |
| 15   | Total deductions. Add lines 1 through 14                         |        |                    |                    | 15      |          |
| 16   | Unrelated business income before net operating loss deduction    |        |                    |                    |         |          |
|      | column (C)   |        |                    |                    | 16      |          |
| 17   | Deduction for net operating loss. See instructions               |        |                    |                    | 17      |          |
| 18   | Unrelated business taxable income. Subtract line 17 from line    |        |                    |                    | 18      |          |

For Paperwork Reduction Act Notice, see instructions.

|     | t III Cost of Goods Sold   | Inter method of inventor       | ory valuation ▶                |                                       | raye <b>z</b> |
|-----|--|--------------------------------|--------------------------------|---------------------------------------|---------------|
| 1   | Inventory at beginning of year   |                                |                                |                                       |               |
| 2   | Purchases  |                                |                                | 2                                     |               |
| 3   | Cost of labor  |                                |                                |                                       |               |
| 4   | Additional section 263A costs (attach statement)                                       |                                |                                | 4                                     |               |
| 5   | Other costs (attach statement)   |                                |                                | 5                                     |               |
| 6   | <b>Total.</b> Add lines 1 through 5  |                                |                                | 6                                     |               |
| 7   | Inventory at end of year   |                                |                                |                                       |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En                                    |                                |                                |                                       |               |
| 9   | Do the rules of section 263A (with respect to pro                                      |                                |                                |                                       | Yes No        |
| Par | t IV Rent Income (From Real Property   |                                |                                |                                       |               |
| 1   | Description of property (property street address, c                                    | ity, state, ZIP code). Check   | if a dual-use. See instruction | ons.                                  |               |
|     | A  |                                |                                |                                       |               |
|     | В  |                                |                                |                                       |               |
|     | с —  |                                |                                |                                       |               |
|     | D  |                                | _                              | _                                     |               |
|     | _  | A                              | В                              | С                                     | D             |
| 2   | Rent received or accrued   |                                |                                |                                       |               |
| а   | From personal property (if the percentage of   |                                |                                |                                       |               |
|     | rent for personal property is more than 10%  |                                |                                |                                       |               |
|     | but not more than 50%)   |                                |                                |                                       |               |
| b   | From real and personal property (if the percentage of rent for personal property       |                                |                                |                                       |               |
|     | exceeds 50% or if the rent is based on profit or                                       |                                |                                |                                       |               |
|     | income)  |                                |                                |                                       |               |
| _   | <i>'</i>   |                                |                                |                                       |               |
| С   | Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D |                                |                                |                                       |               |
| •   | Total rents received or accrued. Add line 2c colur                                     | nna A through D. Entar ha      | ro and an Dart L line 6 calu   | mn (A)                                |               |
| 3   | Total ferits received of accrued. Add line 20 colur                                    | iins A through D. Enter he     | e and on Part I, line o, colu  | (A)                                   |               |
| 4   | Deductions directly connected with the income  |                                |                                |                                       |               |
| -   | in lines 2(a) and 2(b) (attach statement)  |                                |                                |                                       |               |
| 5   | Total deductions. Add line 4 columns A through D                                       | ) Enter here and on Part I     | line 6 column (B)              |                                       |               |
| ·   | Total addactional year mile it columns year and agric                                  | . Entor noro and on rait i,    | ( <i>b</i> )                   |                                       |               |
| Par | t V Unrelated Debt-Financed Income (   | see instructions)              |                                |                                       |               |
| 1   | Description of debt-financed property (street addre                                    | ess, city, state, ZIP code). ( | Check if a dual-use. See ins   | structions.                           |               |
|     | A  | , , , ,                        |                                |                                       |               |
|     | В  |                                |                                |                                       |               |
|     | с 🗌  |                                |                                |                                       |               |
|     | D  |                                |                                |                                       |               |
|     |  | Α                              | В                              | С                                     | D             |
| 2   | Gross income from or allocable to debt -   |                                |                                |                                       |               |
|     | financed property  |                                |                                |                                       |               |
| 3   | Deductions directly connected with or allocable  |                                |                                |                                       |               |
|     | to debt-financed property  |                                |                                |                                       |               |
| а   | Straight line depreciation (attach statement).   |                                |                                |                                       |               |
| b   | Other deductions (attach statement)  |                                |                                |                                       |               |
| С   | Total deductions (add lines 3a and 3b,   |                                |                                |                                       |               |
|     | columns A through D)   |                                |                                |                                       |               |
| 4   | Amount of average acquisition debt on or allocable                                     |                                |                                |                                       |               |
|     | to debt - financed property (attach statement)   |                                |                                |                                       |               |
| 5   | Average adjusted basis of or allocable to debt-  |                                |                                |                                       |               |
|     | financed property (attach statement)   |                                |                                |                                       |               |
| 6   | Divide line 4 by line 5  | %                              | %                              | %                                     | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6                                     |                                |                                |                                       |               |
| 8   | Total gross income (add line 7, columns A through                                      | h D). Enter here and on Pa     | art I, line 7, column (A)      | · · · · · · · · • <u> </u>            |               |
|     |  | I                              | I                              | 1                                     |               |
| 9   | Allocable deductions. Multiply line 3c by line 6                                       |                                |                                |                                       |               |
| 10  | Total allocable deductions. Add line 9, columns A                                      | -                              | •                              | · · · · · · · · · · · · · · · · · · · |               |
| 11  | Total dividends-received deductions included in l                                      | ine 10                         |                                | <b> </b>                              |               |

| Part VI Interest, Ann                   | nuities. Rovalt                   | ies. and Rents  | s from Controlled Organi                                 | izations (see instructions)   | r age <b>C</b>  |  |
|---|-----------------------------------|---|--|---|---|--|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Exempt Controlled Organizations   |   |  |   |   |  |
| Name of controlled organization         | 2. Employer identification number | 3. Net unrelate income (loss) (see instruction            | payments made  | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  | 6. Deductions directly connected with income in column 5                    |  |
| (1)                                     |                                   |   |  |   |   |  |
| (2)                                     |                                   |   |  |   |   |  |
| (3)                                     |                                   |   |  |   |   |  |
| (4)                                     |                                   |   |  |   |   |  |
|   |                                   | Nonexe  | empt Controlled Organization                             | ns  |   |  |
| 7. Taxable income                       | ind                               | let unrelated come (loss) e instructions)                 | 9. Total of specified payments made                      | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income | 11. Deductions directly connected with income in column 10                  |  |
| (1)                                     |                                   |   |  |   |   |  |
| (2)                                     |                                   |   |  |   |   |  |
| (3)                                     |                                   |   |  |   |   |  |
| (4)                                     |                                   |   |  |   |   |  |
| Totals                                  |                                   |   |  | Add columns 5 and 10.<br>Enter here and on Part I,<br>line 8, column (A)                      | Add columns 6 and 11.<br>Enter here and on Part I,<br>line 8, column (B)    |  |
| Part VII Investment I                   | Income of a S                     | ection 501(c)   | (7), (9), or (17) Organiza                               | ntion (see instructions)  | ·   |  |
| 1. Description of income                |                                   | ount of income  | Deductions     directly connected     (attach statement) | 4. Set-asides (attach statement)  | 5. Total deductions<br>and set-asides<br>(add columns 3 and 4)              |  |
| (1)                                     |                                   |   |  |   |   |  |
| (2)                                     |                                   |   |  |   |   |  |
| (3)                                     |                                   |   |  |   |   |  |
| (4)                                     |                                   |   |  |   |   |  |
| Totals                                  | Enter he                          | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |  |   | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B) |  |
| Part VIII Exploited Ex                  | xempt Activity                    | / Income, Othe  | er Than Advertising Inco                                 | me (see instructions)   |   |  |
| Description of exploit                  |                                   | •   |  | ,   |   |  |
| 2 Gross unrelated bus                   | iness income fro                  | om trade or bus   | iness. Enter here and on Pa                              | art I, line 10, column (A)  | 2   |  |
| 3 Expenses directly co                  | onnected with p                   | production of ur  | nrelated business income. Er                             | nter here and on Part I,  |   |  |
| line 10, column (B) .                   |                                   |   |  |   | 3   |  |
| 4 Net income (loss)                     | from unrelated t                  | rade or busines   | s. Subtract line 3 from line                             | e 2. If a gain, complete  |   |  |
| lines 5 through 7                       |                                   |   |  |   | 4   |  |
| 5 Gross income from a                   | activity that is not              | unrelated business  | sincome  |   | 5   |  |
| 6 Expenses attributable                 | e to income entere                | ed on line 5  |  |   | 6   |  |
| 7 Excess exempt expe                    | enses. Subtract I                 | ine 5 from line   | 6, but do not enter more                                 | than the amount on line   |   |  |
| 4. Enter here and on I                  | Part II, line 12                  |   |  |   | 7   |  |

| 1     | t IX Advertising Income  |   |                     |                       |                                |
|-------|--|---|---------------------|-----------------------|--------------------------------|
|       | Name(s) of periodical(s). Check box                              | x if reporting two or more periodicals on a | consolidated basis. |                       |                                |
|       | A .  |   |                     |                       |                                |
|       | В  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | <u> </u>   |   |                     |                       |                                |
|       | D  |   |                     |                       |                                |
| Enter | amounts for each periodical listed at                            | pove in the corresponding column.           |                     |                       |                                |
|       |  | A   | В                   | С                     | D                              |
| 2     | Gross advertising income   |   |                     |                       |                                |
| a     |  | ere and on Part I, line 11, column (A)      |                     |                       |                                |
| a     | Add coldiniis A through B. Enter he                              | are and on rearri, line 11, column (A).     |                     | · · · · · · · · · · • |                                |
|       |  |   |                     |                       |                                |
| 3     | Direct advertising costs by periodical                           |   |                     |                       |                                |
| а     | Add columns A through D. Enter he                                | re and on Part I, line 11, column (B)       |                     |                       | <b>-</b>                       |
|       |  |   |                     |                       |                                |
| 4     | Advertising gain (loss). Subtract line                           | 3 from line                                 |                     |                       |                                |
|       | 2. For any column in line 4 show                                 |   |                     |                       |                                |
|       | complete lines 5 through 8. For any                              |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | line 4 showing a loss or zero, do no                             |   |                     |                       |                                |
|       | lines 5 through 7, and enter zero on                             |   |                     |                       |                                |
| 5     | Readership costs   |   |                     |                       |                                |
| 6     | Circulation income   |   |                     |                       |                                |
| 7     | Excess readership costs. If line 6 i                             | s less than                                 |                     |                       |                                |
|       | line 5, subtract line 6 from line 5. If I                        | ine 5 is less                               |                     |                       |                                |
|       | than line 6, enter zero  |   |                     |                       |                                |
| 8     | Excess readership costs allow                                    |   |                     |                       |                                |
| O     | •  |   |                     |                       |                                |
|       | deduction. For each column showin                                |   |                     |                       |                                |
|       | line 4, enter the lesser of line 4 or lin                        |   |                     |                       |                                |
| а     |  | D. Enter the greater of the line 8          |                     |                       | 1                              |
|       | Part II, line 13   |   |                     |                       | <b></b>                        |
| Par   | t Y Componention of Office                                       | ers, Directors, and Trustees (see           | instructions)       |                       |                                |
| ıaı   | Compensation of Office   |   |                     |                       |                                |
|       |  |   | 3                   | . Percentage          | <ol><li>Compensation</li></ol> |
|       | 1. Name  | 2. Title                                    | of                  | time devoted          | attributable to                |
|       |  |   |                     | to business           | unrelated business             |
| /1\   |  |   |                     | 0/                    |                                |
| (1)   |  |   |                     | %                     |                                |
| (2)   |  |   |                     | %                     |                                |
| (3)   |  |   |                     | %                     |                                |
| (4)   |  |   |                     | %                     |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
| Total | I. Enter here and on Part II, line 1                             |   |                     |                       |                                |
|       |  | ion (see instructions)                      |                     |                       |                                |
|       | I. Enter here and on Part II, line 1 It XI Supplemental Informat |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |

JSA 1X2753 1.000 16733H K932

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

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

B Employer identification number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

| _ <u>CH</u> | ARLES KOCH FOUNDATION  |    |                  | 48-09184           | 8.0     |                     |
|-------------|--|----|------------------|--------------------|---------|---------------------|
| <b>C</b> Ur | related business activity code (see instructions) ▶ 903014       |    |                  | <b>D</b> Sequence: | 14      | of 17               |
| E De        | scribe the unrelated trade or business ►FUND 14                  |    |                  |                    |         |                     |
| Pai         |  |    | (A) Income       | (B) Expens         | ses     | (C) Net             |
| 1a          | Gross receipts or sales  |    |                  |                    |         |                     |
| b           | Less returns and allowances c Balance ▶                          | 1c |                  |                    |         |                     |
| 2           | Cost of goods sold (Part III, line 8)                            |    |                  |                    |         |                     |
| 3           | Gross profit. Subtract line 2 from line 1c                       | 3  |                  |                    |         |                     |
| 4a          | Capital gain net income (attach Sch D (Form 1041 or Form         |    |                  |                    |         |                     |
|             | 1120)). See instructions   | 4a |                  |                    |         |                     |
| b           | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b |                  |                    |         |                     |
| С           | Capital loss deduction for trusts                                | 4c |                  |                    |         |                     |
| 5           | Income (loss) from a partnership or an S corporation (attach     |    |                  |                    |         |                     |
|             | statement) SEE. STATEMENT. 1                                     | 5  | 408,79           | 9.                 |         | 408,799.            |
| 6           | Rent income (Part IV)  | 6  | ,                |                    |         | •                   |
| 7           | Unrelated debt-financed income (Part V)                          | 7  |                  |                    |         |                     |
| 8           | Interest, annuities, royalties, and rents from a controlled      |    |                  |                    |         |                     |
|             | organization (Part VI)   | 8  |                  |                    |         |                     |
| 9           | Investment income of section 501(c)(7), (9), or (17)             |    |                  |                    |         |                     |
|             | organizations (Part VII)   | 9  |                  |                    |         |                     |
| 10          | Exploited exempt activity income (Part VIII)                     |    |                  |                    |         |                     |
| 11          | Advertising income (Part IX)                                     | 11 |                  |                    |         |                     |
| 12          | Other income (see instructions; attach statement)                | 12 |                  |                    |         |                     |
| 13          | Total. Combine lines 3 through 12                                | 13 | 408,79           | 9.                 |         | 408,799.            |
| Pai         | t II Deductions Not Taken Elsewhere See instructions f           |    | nitations on dec | luctions. Deduc    | tions n | nust be             |
|             | directly connected with the unrelated business incom             | е  |                  |                    |         |                     |
| 1           | Compensation of officers, directors, and trustees (Part X)       |    |                  |                    | . 1     |                     |
| 2           | Salaries and wages   |    |                  |                    |         |                     |
| 3           | Repairs and maintenance  |    |                  |                    | 3       |                     |
| 4           | Bad debts  |    |                  |                    |         |                     |
| 5           | Interest (attach statement). See instructions                    |    |                  |                    |         |                     |
| 6           | Taxes and licenses   |    |                  |                    | 6       | 255,074.            |
| 7           | Depreciation (attach Form 4562). See instructions                |    | 7                |                    |         |                     |
| 8           | Less depreciation claimed in Part III and elsewhere on return    |    | 8a               |                    | 8b      |                     |
| 9           | Depletion  |    |                  |                    | 9       |                     |
| 10          | Contributions to deferred compensation plans                     |    |                  |                    |         |                     |
| 11          | Employee benefit programs  |    |                  |                    |         |                     |
| 12          | Excess exempt expenses (Part VIII)                               |    |                  |                    |         |                     |
| 13          | Excess readership costs (Part IX)                                |    |                  |                    |         |                     |
| 14          | Other deductions (attach statement)                              |    |                  |                    |         | 7,658.              |
| 15          | <b>Total deductions.</b> Add lines 1 through 14                  |    |                  |                    | 15      | 262,732.            |
| 16          | Unrelated business income before net operating loss deduction    |    |                  |                    |         |                     |
|             | column (C)   |    |                  |                    |         | 146,067.            |
| 17          | Deduction for net operating loss. See instructions               |    |                  |                    |         | NONE                |
| 18          | Unrelated business taxable income. Subtract line 17 from line    | 16 |                  |                    |         | 146,067.            |
| For P       | aperwork Reduction Act Notice, see instructions.                 |    |                  | Sc                 | hedule  | A (Form 990-T) 2021 |

|     | t III Cost of Goods Sold   | Inter method of inventor       | ory valuation ▶                |                                       | raye <b>z</b> |
|-----|--|--------------------------------|--------------------------------|---------------------------------------|---------------|
| 1   | Inventory at beginning of year   |                                |                                |                                       |               |
| 2   | Purchases  |                                |                                | 2                                     |               |
| 3   | Cost of labor  |                                |                                |                                       |               |
| 4   | Additional section 263A costs (attach statement)                                       |                                |                                | 4                                     |               |
| 5   | Other costs (attach statement)   |                                |                                | 5                                     |               |
| 6   | <b>Total.</b> Add lines 1 through 5  |                                |                                | 6                                     |               |
| 7   | Inventory at end of year   |                                |                                |                                       |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En                                    |                                |                                |                                       |               |
| 9   | Do the rules of section 263A (with respect to pro                                      |                                |                                |                                       | Yes No        |
| Par | t IV Rent Income (From Real Property   |                                |                                |                                       |               |
| 1   | Description of property (property street address, c                                    | ity, state, ZIP code). Check   | if a dual-use. See instruction | ons.                                  |               |
|     | A  |                                |                                |                                       |               |
|     | В  |                                |                                |                                       |               |
|     | с —  |                                |                                |                                       |               |
|     | D  |                                | _                              | _                                     |               |
|     | _  | A                              | В                              | С                                     | D             |
| 2   | Rent received or accrued   |                                |                                |                                       |               |
| а   | From personal property (if the percentage of   |                                |                                |                                       |               |
|     | rent for personal property is more than 10%  |                                |                                |                                       |               |
|     | but not more than 50%)   |                                |                                |                                       |               |
| b   | From real and personal property (if the percentage of rent for personal property       |                                |                                |                                       |               |
|     | exceeds 50% or if the rent is based on profit or                                       |                                |                                |                                       |               |
|     | income)  |                                |                                |                                       |               |
| _   | <i>'</i>   |                                |                                |                                       |               |
| С   | Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D |                                |                                |                                       |               |
| •   | Total rents received or accrued. Add line 2c colur                                     | nna A through D. Entar ha      | ro and an Dart L line 6 calu   | mn (A)                                |               |
| 3   | Total ferits received of accrued. Add line 20 colur                                    | iins A through D. Enter he     | e and on Part I, line o, colu  | (A)                                   |               |
| 4   | Deductions directly connected with the income  |                                |                                |                                       |               |
| -   | in lines 2(a) and 2(b) (attach statement)  |                                |                                |                                       |               |
| 5   | Total deductions. Add line 4 columns A through D                                       | ) Enter here and on Part I     | line 6 column (B)              |                                       |               |
| ·   | Total addabionol / taa iiilo T dolaliiilo / tali dagii E                               | . Entor noro and on r art i,   | ( <i>b</i> )                   |                                       |               |
| Par | t V Unrelated Debt-Financed Income (   | see instructions)              |                                |                                       |               |
| 1   | Description of debt-financed property (street addre                                    | ess, city, state, ZIP code). ( | Check if a dual-use. See ins   | structions.                           |               |
|     | A  | , , , ,                        |                                |                                       |               |
|     | В  |                                |                                |                                       |               |
|     | с 🗌  |                                |                                |                                       |               |
|     | D  |                                |                                |                                       |               |
|     |  | Α                              | В                              | С                                     | D             |
| 2   | Gross income from or allocable to debt -   |                                |                                |                                       |               |
|     | financed property  |                                |                                |                                       |               |
| 3   | Deductions directly connected with or allocable  |                                |                                |                                       |               |
|     | to debt-financed property  |                                |                                |                                       |               |
| а   | Straight line depreciation (attach statement).   |                                |                                |                                       |               |
| b   | Other deductions (attach statement)  |                                |                                |                                       |               |
| С   | Total deductions (add lines 3a and 3b,   |                                |                                |                                       |               |
|     | columns A through D)   |                                |                                |                                       |               |
| 4   | Amount of average acquisition debt on or allocable                                     |                                |                                |                                       |               |
|     | to debt - financed property (attach statement)   |                                |                                |                                       |               |
| 5   | Average adjusted basis of or allocable to debt-  |                                |                                |                                       |               |
|     | financed property (attach statement)   |                                |                                |                                       |               |
| 6   | Divide line 4 by line 5  | %                              | %                              | %                                     | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6                                     |                                |                                |                                       |               |
| 8   | Total gross income (add line 7, columns A through                                      | h D). Enter here and on Pa     | art I, line 7, column (A)      | · · · · · · · · • <u> </u>            |               |
|     |  | I                              | I                              | 1                                     |               |
| 9   | Allocable deductions. Multiply line 3c by line 6                                       |                                |                                |                                       |               |
| 10  | Total allocable deductions. Add line 9, columns A                                      | -                              | •                              | · · · · · · · · · · · · · · · · · · · |               |
| 11  | Total dividends-received deductions included in l                                      | ine 10                         |                                | <b> </b>                              |               |

| Part VI Interest, Ann                   | nuities. Rovalt                   | ies. and Rents  | s from Controlled Organi                                 | izations (see instructions)   | r age <b>C</b>  |  |
|---|-----------------------------------|---|--|---|---|--|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Exempt Controlled Organizations   |   |  |   |   |  |
| Name of controlled organization         | 2. Employer identification number | 3. Net unrelate income (loss) (see instruction            | payments made  | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  | 6. Deductions directly connected with income in column 5                    |  |
| (1)                                     |                                   |   |  |   |   |  |
| (2)                                     |                                   |   |  |   |   |  |
| (3)                                     |                                   |   |  |   |   |  |
| (4)                                     |                                   |   |  |   |   |  |
|   | •                                 | Nonexe  | empt Controlled Organization                             | ns  |   |  |
| 7. Taxable income                       | ind                               | let unrelated come (loss) e instructions)                 | 9. Total of specified payments made                      | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income | 11. Deductions directly connected with income in column 10                  |  |
| (1)                                     |                                   |   |  |   |   |  |
| (2)                                     |                                   |   |  |   |   |  |
| (3)                                     |                                   |   |  |   |   |  |
| (4)                                     |                                   |   |  |   |   |  |
| Totals                                  |                                   |   |  | Add columns 5 and 10.<br>Enter here and on Part I,<br>line 8, column (A)                      | Add columns 6 and 11.<br>Enter here and on Part I,<br>line 8, column (B)    |  |
| Part VII Investment I                   | Income of a S                     | ection 501(c)   | (7), (9), or (17) Organiza                               | ntion (see instructions)  | ·   |  |
| 1. Description of income                |                                   | ount of income  | Deductions     directly connected     (attach statement) | 4. Set-asides (attach statement)  | 5. Total deductions<br>and set-asides<br>(add columns 3 and 4)              |  |
| (1)                                     |                                   |   |  |   |   |  |
| (2)                                     |                                   |   |  |   |   |  |
| (3)                                     |                                   |   |  |   |   |  |
| (4)                                     |                                   |   |  |   |   |  |
| Totals                                  | Enter he                          | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |  |   | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B) |  |
| Part VIII Exploited Ex                  | xempt Activity                    | / Income, Othe  | er Than Advertising Inco                                 | me (see instructions)   |   |  |
| Description of exploit                  |                                   | •   |  | ,   |   |  |
| 2 Gross unrelated bus                   | iness income fro                  | om trade or bus   | iness. Enter here and on Pa                              | art I, line 10, column (A)  | 2   |  |
| 3 Expenses directly co                  | onnected with p                   | production of ur  | nrelated business income. Er                             | nter here and on Part I,  |   |  |
| line 10, column (B) .                   |                                   |   |  |   | 3   |  |
| 4 Net income (loss)                     | from unrelated t                  | rade or busines   | s. Subtract line 3 from line                             | e 2. If a gain, complete  |   |  |
| lines 5 through 7                       |                                   |   |  |   | 4   |  |
| 5 Gross income from a                   | activity that is not              | unrelated business  | sincome  |   | 5   |  |
| 6 Expenses attributable                 | e to income entere                | ed on line 5  |  |   | 6   |  |
| 7 Excess exempt expe                    | enses. Subtract I                 | ine 5 from line   | 6, but do not enter more                                 | than the amount on line   |   |  |
| 4. Enter here and on I                  | Part II, line 12                  |   |  |   | 7   |  |

| 1     | t IX Advertising Income  |   |                     |                       |                                |
|-------|--|---|---------------------|-----------------------|--------------------------------|
|       | Name(s) of periodical(s). Check box                              | x if reporting two or more periodicals on a | consolidated basis. |                       |                                |
|       | Α  |   |                     |                       |                                |
|       | В  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | <u> </u>   |   |                     |                       |                                |
|       | D  |   |                     |                       |                                |
| Enter | amounts for each periodical listed at                            | pove in the corresponding column.           |                     |                       |                                |
|       |  | A   | В                   | С                     | D                              |
| 2     | Gross advertising income   |   |                     |                       |                                |
| a     |  | ere and on Part I, line 11, column (A)      |                     |                       |                                |
| a     | Add coldiniis A through B. Enter he                              | are and on rearri, line 11, column (A).     |                     | · · · · · · · · · · • |                                |
|       |  |   |                     |                       |                                |
| 3     | Direct advertising costs by periodical                           |   |                     |                       |                                |
| а     | Add columns A through D. Enter he                                | re and on Part I, line 11, column (B)       |                     |                       | <b>-</b>                       |
|       |  |   |                     |                       |                                |
| 4     | Advertising gain (loss). Subtract line                           | 3 from line                                 |                     |                       |                                |
|       | 2. For any column in line 4 show                                 |   |                     |                       |                                |
|       | complete lines 5 through 8. For any                              |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | line 4 showing a loss or zero, do no                             |   |                     |                       |                                |
|       | lines 5 through 7, and enter zero on                             |   |                     |                       |                                |
| 5     | Readership costs   |   |                     |                       |                                |
| 6     | Circulation income   |   |                     |                       |                                |
| 7     | Excess readership costs. If line 6 i                             | s less than                                 |                     |                       |                                |
|       | line 5, subtract line 6 from line 5. If I                        | ine 5 is less                               |                     |                       |                                |
|       | than line 6, enter zero  |   |                     |                       |                                |
| 8     | Excess readership costs allow                                    |   |                     |                       |                                |
| o     | •  |   |                     |                       |                                |
|       | deduction. For each column showin                                |   |                     |                       |                                |
|       | line 4, enter the lesser of line 4 or lin                        |   |                     |                       |                                |
| а     |  | D. Enter the greater of the line 8          |                     |                       | 1                              |
|       | Part II, line 13   |   |                     |                       | <b></b>                        |
| Par   | t Y Componention of Office                                       | ers, Directors, and Trustees (see           | instructions)       |                       |                                |
| ıaı   | Compensation of Office   |   |                     |                       |                                |
|       |  |   | 3                   | . Percentage          | <ol><li>Compensation</li></ol> |
|       | 1. Name  | 2. Title                                    | of                  | time devoted          | attributable to                |
|       |  |   |                     | to business           | unrelated business             |
| /1\   |  |   |                     | 0/                    |                                |
| (1)   |  |   |                     | %                     |                                |
| (2)   |  |   |                     | %                     |                                |
| (3)   |  |   |                     | %                     |                                |
| (4)   |  |   |                     | %                     |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
| Total | I. Enter here and on Part II, line 1                             |   |                     |                       |                                |
|       |  | ion (see instructions)                      |                     |                       |                                |
|       | I. Enter here and on Part II, line 1 It XI Supplemental Informat |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |

JSA 1X2753 1.000 16733H K932

#### SCHEDULE A: FUND 14

| INCOME (LOS | S) FROM | PARTNERSHIPS | AND/OR | S | CORPORATIONS |
|-------------|---------|--------------|--------|---|--------------|
|             |         |              |        |   |              |

|              | =========  | ======== |
|--------------|------------|----------|
| SHARE OF     | SHARE OF   | GAIN OR  |
| GROSS INCOME | DEDUCTIONS | (LOSS)   |
|              |            |          |

NET ORDINARY INCOME - INVESTMENTS K-1 408,799. 408,799.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS 408,799.

# SCHEDULE A:FUND 14 PART II - LINE 14 - OTHER DEDUCTIONS

| ACCOUNTING FEES        | 7,658. |
|------------------------|--------|
| TOTAL OTHER DEDUCTIONS | 7,658. |

16733H K932 V21-7.6F 85646 309

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

A Name of the organization B Employer identification number CHARLES KOCH FOUNDATION 48-0918408 C Unrelated business activity code (see instructions) ▶ 901101 **D** Sequence: 15 17 of

| <u>C 01</u> | illelated business activity code (see instructions) > 901101     |    | D \                 | sequence. <u>1</u> | <u>. ၁</u> | 01 1/      |
|-------------|--|----|---------------------|--------------------|------------|------------|
| E De        | escribe the unrelated trade or business ►FUND 15                 |    |                     |                    |            |            |
| Pai         | Unrelated Trade or Business Income                               |    | (A) Income          | (B) Expense        | es         | (C) Net    |
| 1a          | Gross receipts or sales  |    |                     |                    |            |            |
| b           | Less returns and allowances c Balance ▶                          | 1c |                     |                    |            |            |
| 2           | Cost of goods sold (Part III, line 8)                            | 2  |                     |                    |            |            |
| 3           | Gross profit. Subtract line 2 from line 1c                       | 3  |                     |                    |            |            |
| 4a          | Capital gain net income (attach Sch D (Form 1041 or Form         |    |                     |                    |            |            |
|             | 1120)). See instructions   | 4a |                     |                    |            |            |
| b           | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b |                     |                    |            |            |
| С           | Capital loss deduction for trusts                                | 4c |                     |                    |            |            |
| 5           | Income (loss) from a partnership or an S corporation (attach     |    |                     |                    |            |            |
|             | statement) SEE. STATEMENT. 1                                     | 5  | 1,216,635.          |                    |            | 1,216,635. |
| 6           | Rent income (Part IV)  | 6  |                     |                    |            |            |
| 7           | Unrelated debt-financed income (Part V)                          | 7  |                     |                    |            |            |
| 8           | Interest, annuities, royalties, and rents from a controlled      |    |                     |                    |            |            |
|             | organization (Part VI)   | 8  |                     |                    |            |            |
| 9           | Investment income of section 501(c)(7), (9), or (17)             |    |                     |                    |            |            |
|             | organizations (Part VII)   | 9  |                     |                    |            |            |
| 10          | Exploited exempt activity income (Part VIII)                     | 10 |                     |                    |            |            |
| 11          | Advertising income (Part IX)                                     | 11 |                     |                    |            |            |
| 12          | Other income (see instructions; attach statement)                |    |                     |                    |            |            |
| 13          | Total. Combine lines 3 through 12                                |    | 1,216,635.          |                    |            | 1,216,635. |
| Pai         | <b>Deductions Not Taken Elsewhere</b> See instructions to        |    | nitations on deduct | tions. Deducti     | ons r      | nust be    |
|             | directly connected with the unrelated business incom             |    |                     |                    |            | <u> </u>   |
| 1           | Compensation of officers, directors, and trustees (Part X)       |    |                     |                    | 1_         |            |
| 2           | Salaries and wages   |    |                     |                    | 2          |            |
| 3           | Repairs and maintenance  |    |                     |                    | 3          |            |
| 4           | Bad debts  |    |                     |                    | 4          |            |
| 5           | Interest (attach statement). See instructions                    |    |                     |                    | 5          |            |
| 6           | Taxes and licenses   |    |                     |                    | 6          |            |
| 7           | Depreciation (attach Form 4562). See instructions                |    |                     |                    |            |            |
| 8           | Less depreciation claimed in Part III and elsewhere on return .  |    |                     |                    | 8b         |            |
| 9           | Depletion  |    |                     |                    | 9          |            |
| 10          | Contributions to deferred compensation plans                     |    |                     |                    | 10         |            |
| 11          | Employee benefit programs  |    |                     |                    | 11         |            |
| 12          | Excess exempt expenses (Part VIII)                               |    |                     |                    | 12         |            |
| 13          | Excess readership costs (Part IX)                                |    |                     |                    | 13         |            |
| 14          | Other deductions (attach statement)                              |    |                     |                    | 14         |            |
| 15          | <b>Total deductions.</b> Add lines 1 through 14                  |    |                     |                    | 15         |            |
| 16          | Unrelated business income before net operating loss deduction    |    |                     |                    |            | 1 016 65   |
|             | column (C)   |    |                     |                    | 16         | 1,216,635. |
| 17          | Deduction for net operating loss. See instructions               |    |                     |                    | 17         | 691,726.   |
| 18          | Unrelated business taxable income. Subtract line 17 from line    | 16 |                     |                    | 18         | 524,909.   |

For Paperwork Reduction Act Notice, see instructions.

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

| Schedule A (Form 990-1) 2021    |                                   | ing and Doub  | - f OtIII O   |   | Page 3  |
|---------------------------------|-----------------------------------|---|---|---|---|
| Part VI Interest, An            | nuities, Royalt                   | ies, and Rents  | s from Controlled Organ                                   |   |   |
|                                 |                                   |   | Exempt Co   | ntrolled Organizations  |   |
| Name of controlled organization | 2. Employer identification number | 3. Net unrelate income (loss) (see instruction            | payments made   | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  | 6. Deductions directly connected with income in column 5                    |
| (1)                             |                                   |   |   |   |   |
| (2)                             |                                   |   |   |   |   |
| (3)                             |                                   |   |   |   |   |
| (4)                             |                                   |   |   |   |   |
|                                 |                                   | Nonexe  | empt Controlled Organizatio                               | ons   |   |
| 7. Taxable income               | in                                | Net unrelated come (loss) e instructions)                 | 9. Total of specified payments made                       | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income | 11. Deductions directly connected with income in column 10                  |
| (1)                             |                                   |   |   |   |   |
| (2)                             |                                   |   |   |   |   |
| (3)                             |                                   |   |   |   |   |
| (4)                             |                                   |   |   |   |   |
| Totals                          |                                   |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                            | Add columns 6 and 11.<br>Enter here and on Part I,<br>line 8, column (B)    |
|                                 |                                   |   | (7), (9), or (17) Organiza                                | ation (see instructions)  |   |
| 1. Description of income        |                                   | ount of income  | 3. Deductions<br>directly connected<br>(attach statement) | 4. Set-asides (attach statement)  | 5. Total deductions<br>and set-asides<br>(add columns 3 and 4)              |
| (1)                             |                                   |   |   |   |   |
| (2)                             |                                   |   |   |   |   |
| (3)                             |                                   |   |   |   |   |
| (4)                             |                                   |   |   |   |   |
| Totals                          | Enter he                          | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |   |   | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B) |
|                                 |                                   | / Income. Oth   | er Than Advertising Inco                                  | me (see instructions)   |   |
| Description of exploi           | •                                 | , <b>,</b>  | <u> </u>  |   |   |
| ·                               |                                   | om trade or bus   | iness. Enter here and on Pa                               | art I. line 10. column (A)  | 2   |
|                                 |                                   |   | nrelated business income. E                               | ,   | _   |
| line 10, column (B)             |                                   |   |   |   | 3   |
| , , ,                           |                                   | trade or busines  | s. Subtract line 3 from lin                               | ne 2. If a gain, complete   |   |
| lines 5 through 7               |                                   |   |   |   | 4   |
| · ·                             |                                   |   | s income  |   | 5   |
|                                 | •                                 |   |   |   | 6   |
| 7 Excess exempt exp             | enses. Subtract I                 | ine 5 from line   | 6, but do not enter more                                  | than the amount on line   |   |
| 4. Enter here and on            | Part II, line 12                  | <u> </u>  |   |   | 7   |

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| 1                          | Advertising income                           |  |                    |                     |                                       |
|----------------------------|--|--|--------------------|---------------------|---------------------------------------|
| -                          | Name(s) of periodical(s). Check box if       | f reporting two or more periodicals on a c | onsolidated basis. |                     |                                       |
|                            | Α  |  |                    |                     |                                       |
|                            | В  |  |                    |                     |                                       |
|                            | С  |  |                    |                     |                                       |
|                            | D  |  |                    |                     |                                       |
| Enter                      | amounts for each periodical listed above     | ve in the corresponding column.            |                    |                     |                                       |
|                            |  | A  | В                  | С                   | D                                     |
| 2                          | Gross advertising income                     |  |                    |                     |                                       |
| а                          | Add columns A through D. Enter here          | and on Part I, line 11, column (A)         |                    |                     | •                                     |
|                            |  |  |                    |                     |                                       |
| 3                          | Direct advertising costs by periodical       |  |                    |                     |                                       |
| а                          | Add columns A through D. Enter here          | and on Part I, line 11, column (B)         |                    |                     |                                       |
|                            |  |  |                    |                     |                                       |
| 4                          | Advertising gain (loss). Subtract line 3     | from line                                  |                    |                     |                                       |
|                            | 2. For any column in line 4 showing          | g a gain,                                  |                    |                     |                                       |
|                            | complete lines 5 through 8. For any c        |  |                    |                     |                                       |
|                            | line 4 showing a loss or zero, do not        |  |                    |                     |                                       |
|                            | lines 5 through 7, and enter zero on lin     |  |                    |                     |                                       |
| 5                          | Readership costs                             |  |                    |                     |                                       |
| 6                          | Circulation income                           |  |                    |                     |                                       |
| 7                          | Excess readership costs. If line 6 is        |  |                    |                     |                                       |
|                            | line 5, subtract line 6 from line 5. If line |  |                    |                     |                                       |
|                            | than line 6, enter zero                      |  |                    |                     |                                       |
| 8                          | Excess readership costs allowed              |  |                    |                     |                                       |
|                            | deduction. For each column showing a         |  |                    |                     |                                       |
|                            | line 4, enter the lesser of line 4 or line   |  |                    |                     |                                       |
| а                          | Add line 8, columns A through [              | -  |                    |                     |                                       |
|                            | Part II, line 13                             |  |                    | • • • • • • • • • • | •                                     |
| Par                        | t X Compensation of Officers                 | s, Directors, and Trustees (see            | instructions)      |                     |                                       |
|                            |  |  | 3.                 | Percentage          | 4. Compensation                       |
|                            |  |  | of t               | me devoted          |                                       |
|                            | 1. Name                                      | 2. Title                                   | l oi t             |                     | attributable to                       |
|                            | 1. Name                                      | 2. Title                                   |                    | business            | attributable to<br>unrelated business |
| (1)                        | 1. Name                                      | 2. Title                                   |                    | business            |                                       |
| (1)<br>(2)                 | 1. Name                                      | 2. Title                                   |                    | business %          |                                       |
| (2)                        | 1. Name                                      | 2. Title                                   |                    | business %          |                                       |
| (2)<br>(3)                 | 1. Name                                      | 2. Title                                   |                    | business % % %      |                                       |
| (2)                        | 1. Name                                      | 2. Title                                   |                    | business %          |                                       |
| (2)<br>(3)<br>(4)          |  |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total |  |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |
| (2)<br>(3)<br>(4)<br>Total | I. Enter here and on Part II, line 1..       |  | to                 | % % % %             |                                       |

JSA 1X2753 1.000 16733H K932

#### SCHEDULE A: FUND 15

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

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

NET ORDINARY INCOME - INVESTMENTS K-1 1,216,635. 1,216,635.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS 1,216,635.

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

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

OMB No. 1545-0074

Department of the Treasury

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

| Internal Nevertue Service                                      | oo i(c)(c) or gamzations only    |
|--|----------------------------------|
| A Name of the organization                                     | B Employer identification number |
| CHARLES KOCH FOUNDATION  | 48-0918408                       |
|  |                                  |
| C Unrelated business activity code (see instructions) ▶ 903016 | <b>D</b> Sequence: 16 of 17      |

| <b>C</b> Ur | related business activity code (see instructions) ▶ 903016       |        | D S                 | Sequence: 1  | .6            | of <u>1</u> 7 |
|-------------|--|--------|---------------------|--------------|---------------|---------------|
| <b>-</b> D  | escribe the unrelated trade or business ►FUND 16                 |        |                     |              |               |               |
|             |  |        |                     |              |               |               |
| Pai         | Unrelated Trade or Business Income                               |        | (A) Income          | (B) Expens   | es            | (C) Net       |
| 1a          | Gross receipts or sales  |        |                     |              |               |               |
| b           | Less returns and allowances c Balance ▶                          | 1c     |                     |              |               |               |
| 2           | Cost of goods sold (Part III, line 8)                            | 2      |                     |              |               |               |
| 3           | Gross profit. Subtract line 2 from line 1c                       | 3      |                     |              |               |               |
| 4a          | Capital gain net income (attach Sch D (Form 1041 or Form         |        |                     |              |               |               |
|             | 1120)). See instructions   | 4a     | 10,819.             |              |               | 10,819.       |
| b           | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b     | ,                   |              |               | ,             |
| С           | Capital loss deduction for trusts                                | 4c     |                     |              |               |               |
| 5           | Income (loss) from a partnership or an S corporation (attach     |        |                     |              |               |               |
|             | statement) SEE. STATEMENT. 1                                     | 5      | 505,564.            |              |               | 505,564.      |
| 6           | Rent income (Part IV)  | 6      | ,                   |              |               | ,             |
| 7           | Unrelated debt-financed income (Part V)                          | 7      |                     |              |               |               |
| 8           | Interest, annuities, royalties, and rents from a controlled      |        |                     |              |               |               |
|             | organization (Part VI)   | 8      |                     |              |               |               |
| 9           | Investment income of section 501(c)(7), (9), or (17)             |        |                     |              |               |               |
|             | organizations (Part VII)   | 9      |                     |              |               |               |
| 10          | Exploited exempt activity income (Part VIII)                     | 10     |                     |              |               |               |
| 11          | Advertising income (Part IX)                                     |        |                     |              |               |               |
| 12          | Other income (see instructions; attach statement)                |        |                     |              |               |               |
| 13          | Total. Combine lines 3 through 12                                | 13     | 516,383.            |              |               | 516,383.      |
| Pai         | Deductions Not Taken Elsewhere See instructions f                | or lin | nitations on deduct | ions. Deduct | ions n        | nust be       |
|             | directly connected with the unrelated business incom             | е      |                     |              |               |               |
| 1           | Compensation of officers, directors, and trustees (Part X)       |        |                     |              | 1             |               |
| 2           | Salaries and wages   |        |                     |              | 2             |               |
| 3           | Repairs and maintenance  |        |                     |              | 3             |               |
| 4           | Bad debts  |        |                     |              | 4             |               |
| 5           | Interest (attach statement). See instructions                    |        |                     |              | 5             |               |
| 6           | Taxes and licenses   |        |                     |              | 6             |               |
| 7           | Depreciation (attach Form 4562). See instructions                |        | 7                   |              |               |               |
| 8           | Less depreciation claimed in Part III and elsewhere on return    |        | 8a                  |              | 8b            |               |
| 9           | Depletion  |        |                     |              | 9             |               |
| 10          | Contributions to deferred compensation plans                     |        |                     |              | 10            |               |
| 11          | Employee benefit programs  |        |                     |              | 11            |               |
| 12          | Excess exempt expenses (Part VIII)                               |        |                     |              | 12            |               |
| 13          | Excess readership costs (Part IX)                                |        |                     |              | 13            |               |
| 14          | Other deductions (attach statement)                              |        |                     |              |               |               |
| 15          | Total deductions. Add lines 1 through 14                         |        |                     |              | 15            |               |
| 16          | Unrelated business income before net operating loss deduction    |        |                     |              |               |               |
|             | column (C)   |        |                     |              | 16            | 516,383.      |
| 17          | Deduction for net operating loss. See instructions               |        |                     |              | $\overline{}$ | NONE          |
| 18          | Unrelated business taxable income. Subtract line 17 from line    | 16     |                     |              | 18            | 516,383.      |

For Paperwork Reduction Act Notice, see instructions.

|     | t III Cost of Goods Sold   | Inter method of inventor       | ory valuation ▶                |                            | raye <b>z</b> |
|-----|--|--------------------------------|--------------------------------|----------------------------|---------------|
| 1   | Inventory at beginning of year   |                                |                                |                            |               |
| 2   | Purchases  |                                |                                | 2                          |               |
| 3   | Cost of labor  |                                |                                |                            |               |
| 4   | Additional section 263A costs (attach statement)                                       |                                |                                | 4                          |               |
| 5   | Other costs (attach statement)   |                                |                                | 5                          |               |
| 6   | <b>Total.</b> Add lines 1 through 5  |                                |                                | 6                          |               |
| 7   | Inventory at end of year   |                                |                                |                            |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En                                    |                                |                                |                            |               |
| 9   | Do the rules of section 263A (with respect to pro                                      |                                |                                |                            | Yes No        |
| Par | t IV Rent Income (From Real Property   |                                |                                |                            |               |
| 1   | Description of property (property street address, c                                    | ity, state, ZIP code). Check   | if a dual-use. See instruction | ons.                       |               |
|     | A  |                                |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с —  |                                |                                |                            |               |
|     | D  |                                | _                              | _                          |               |
|     | _  | A                              | В                              | С                          | D             |
| 2   | Rent received or accrued   |                                |                                |                            |               |
| а   | From personal property (if the percentage of   |                                |                                |                            |               |
|     | rent for personal property is more than 10%  |                                |                                |                            |               |
|     | but not more than 50%)   |                                |                                |                            |               |
| b   | From real and personal property (if the percentage of rent for personal property       |                                |                                |                            |               |
|     | exceeds 50% or if the rent is based on profit or                                       |                                |                                |                            |               |
|     | income)  |                                |                                |                            |               |
| _   | <i>'</i>   |                                |                                |                            |               |
| С   | Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D |                                |                                |                            |               |
| •   | Total rents received or accrued. Add line 2c colur                                     | nna A through D. Entar ha      | ro and an Dart L line 6 calu   | mn (A)                     |               |
| 3   | Total ferits received of accrued. Add line 20 colur                                    | iins A through D. Enter he     | e and on Part I, line o, colu  | (A)                        |               |
| 4   | Deductions directly connected with the income  |                                |                                |                            |               |
| -   | in lines 2(a) and 2(b) (attach statement)  |                                |                                |                            |               |
| 5   | Total deductions. Add line 4 columns A through D                                       | ) Enter here and on Part I     | line 6 column (B)              |                            |               |
| ·   | Total addactional year mile it columns year and agent                                  | . Entor noro and on rait i,    | ( <i>b</i> )                   |                            |               |
| Par | t V Unrelated Debt-Financed Income (   | see instructions)              |                                |                            |               |
| 1   | Description of debt-financed property (street addre                                    | ess, city, state, ZIP code). ( | Check if a dual-use. See ins   | structions.                |               |
|     | A  | , , , ,                        |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с 🗌  |                                |                                |                            |               |
|     | D  |                                |                                |                            |               |
|     |  | Α                              | В                              | С                          | D             |
| 2   | Gross income from or allocable to debt -   |                                |                                |                            |               |
|     | financed property  |                                |                                |                            |               |
| 3   | Deductions directly connected with or allocable  |                                |                                |                            |               |
|     | to debt-financed property  |                                |                                |                            |               |
| а   | Straight line depreciation (attach statement).   |                                |                                |                            |               |
| b   | Other deductions (attach statement)  |                                |                                |                            |               |
| С   | Total deductions (add lines 3a and 3b,   |                                |                                |                            |               |
|     | columns A through D)   |                                |                                |                            |               |
| 4   | Amount of average acquisition debt on or allocable                                     |                                |                                |                            |               |
|     | to debt - financed property (attach statement)   |                                |                                |                            |               |
| 5   | Average adjusted basis of or allocable to debt-  |                                |                                |                            |               |
|     | financed property (attach statement)   |                                |                                |                            |               |
| 6   | Divide line 4 by line 5  | %                              | %                              | %                          | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6                                     |                                |                                |                            |               |
| 8   | Total gross income (add line 7, columns A through                                      | h D). Enter here and on Pa     | art I, line 7, column (A)      | · · · · · · · · • <u> </u> |               |
|     |  | I                              | I                              | 1                          |               |
| 9   | Allocable deductions. Multiply line 3c by line 6                                       |                                |                                |                            |               |
| 10  | Total allocable deductions. Add line 9, columns A                                      | -                              | •                              |                            |               |
| 11  | Total dividends-received deductions included in l                                      | ine 10                         |                                | <b> </b>                   |               |

| Part VI Interest, Ann                   | nuities. Rovalt                   | ies. and Rents  | s from Controlled Organi                                 | izations (see instructions)   | r age <b>C</b>  |  |
|---|-----------------------------------|---|--|---|---|--|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Exempt Controlled Organizations   |   |  |   |   |  |
| Name of controlled organization         | 2. Employer identification number | 3. Net unrelate income (loss) (see instruction            | payments made  | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  | 6. Deductions directly connected with income in column 5                    |  |
| (1)                                     |                                   |   |  |   |   |  |
| (2)                                     |                                   |   |  |   |   |  |
| (3)                                     |                                   |   |  |   |   |  |
| (4)                                     |                                   |   |  |   |   |  |
|   |                                   | Nonexe  | empt Controlled Organization                             | ns  |   |  |
| 7. Taxable income                       | ind                               | let unrelated come (loss) e instructions)                 | 9. Total of specified payments made                      | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income | 11. Deductions directly connected with income in column 10                  |  |
| (1)                                     |                                   |   |  |   |   |  |
| (2)                                     |                                   |   |  |   |   |  |
| (3)                                     |                                   |   |  |   |   |  |
| (4)                                     |                                   |   |  |   |   |  |
| Totals                                  |                                   |   |  | Add columns 5 and 10.<br>Enter here and on Part I,<br>line 8, column (A)                      | Add columns 6 and 11.<br>Enter here and on Part I,<br>line 8, column (B)    |  |
| Part VII Investment I                   | Income of a S                     | ection 501(c)   | (7), (9), or (17) Organiza                               | ntion (see instructions)  | ·   |  |
| 1. Description of income                |                                   | ount of income  | Deductions     directly connected     (attach statement) | 4. Set-asides (attach statement)  | 5. Total deductions<br>and set-asides<br>(add columns 3 and 4)              |  |
| (1)                                     |                                   |   |  |   |   |  |
| (2)                                     |                                   |   |  |   |   |  |
| (3)                                     |                                   |   |  |   |   |  |
| (4)                                     |                                   |   |  |   |   |  |
| Totals                                  | Enter he                          | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |  |   | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B) |  |
| Part VIII Exploited Ex                  | xempt Activity                    | / Income, Othe  | er Than Advertising Inco                                 | me (see instructions)   |   |  |
| Description of exploit                  |                                   | •   |  | ,   |   |  |
| 2 Gross unrelated bus                   | iness income fro                  | om trade or bus   | iness. Enter here and on Pa                              | art I, line 10, column (A)  | 2   |  |
| 3 Expenses directly co                  | onnected with p                   | production of ur  | nrelated business income. Er                             | nter here and on Part I,  |   |  |
| line 10, column (B) .                   |                                   |   |  |   | 3   |  |
| 4 Net income (loss)                     | from unrelated t                  | rade or busines   | s. Subtract line 3 from line                             | e 2. If a gain, complete  |   |  |
| lines 5 through 7                       |                                   |   |  |   | 4   |  |
| 5 Gross income from a                   | activity that is not              | unrelated business  | sincome  |   | 5   |  |
| 6 Expenses attributable                 | e to income entere                | ed on line 5  |  |   | 6   |  |
| 7 Excess exempt expe                    | enses. Subtract I                 | ine 5 from line   | 6, but do not enter more                                 | than the amount on line   |   |  |
| 4. Enter here and on I                  | Part II, line 12                  |   |  |   | 7   |  |

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| 1     | t IX Advertising Income  |   |                     |                       |                                |
|-------|--|---|---------------------|-----------------------|--------------------------------|
|       | Name(s) of periodical(s). Check box                              | x if reporting two or more periodicals on a | consolidated basis. |                       |                                |
|       | Α  |   |                     |                       |                                |
|       | В  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | <u> </u>   |   |                     |                       |                                |
|       | D  |   |                     |                       |                                |
| Enter | amounts for each periodical listed at                            | pove in the corresponding column.           |                     |                       |                                |
|       |  | A   | В                   | С                     | D                              |
| 2     | Gross advertising income   |   |                     |                       |                                |
| a     |  | ere and on Part I, line 11, column (A)      |                     |                       |                                |
| a     | Add coldiniis A through B. Enter he                              | are and on rearri, line 11, column (A).     |                     | · · · · · · · · · · • |                                |
|       |  |   |                     |                       |                                |
| 3     | Direct advertising costs by periodical                           |   |                     |                       |                                |
| а     | Add columns A through D. Enter he                                | re and on Part I, line 11, column (B)       |                     |                       | <b>-</b>                       |
|       |  |   |                     |                       |                                |
| 4     | Advertising gain (loss). Subtract line                           | 3 from line                                 |                     |                       |                                |
|       | 2. For any column in line 4 show                                 |   |                     |                       |                                |
|       | complete lines 5 through 8. For any                              |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | line 4 showing a loss or zero, do no                             |   |                     |                       |                                |
|       | lines 5 through 7, and enter zero on                             |   |                     |                       |                                |
| 5     | Readership costs   |   |                     |                       |                                |
| 6     | Circulation income   |   |                     |                       |                                |
| 7     | Excess readership costs. If line 6 i                             | s less than                                 |                     |                       |                                |
|       | line 5, subtract line 6 from line 5. If I                        | ine 5 is less                               |                     |                       |                                |
|       | than line 6, enter zero  |   |                     |                       |                                |
| 8     | Excess readership costs allow                                    |   |                     |                       |                                |
| o     | •  |   |                     |                       |                                |
|       | deduction. For each column showin                                |   |                     |                       |                                |
|       | line 4, enter the lesser of line 4 or lin                        |   |                     |                       |                                |
| а     |  | D. Enter the greater of the line 8          |                     |                       | 1                              |
|       | Part II, line 13   |   |                     |                       | <b></b>                        |
| Par   | t Y Componentian of Office                                       | ers, Directors, and Trustees (see           | instructions)       |                       |                                |
| ıaı   | Compensation of Office   |   |                     |                       |                                |
|       |  |   | 3                   | . Percentage          | <ol><li>Compensation</li></ol> |
|       | 1. Name  | 2. Title                                    | of                  | time devoted          | attributable to                |
|       |  |   |                     | to business           | unrelated business             |
| /1\   |  |   |                     | 0/                    |                                |
| (1)   |  |   |                     | %                     |                                |
| (2)   |  |   |                     | %                     |                                |
| (3)   |  |   |                     | %                     |                                |
| (4)   |  |   |                     | %                     |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
| Total | I. Enter here and on Part II, line 1                             |   |                     |                       |                                |
|       |  | ion (see instructions)                      |                     |                       |                                |
|       | I. Enter here and on Part II, line 1 It XI Supplemental Informat |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |

JSA 1X2753 1.000 16733H K932

#### SCHEDULE A: FUND 16

| TNCOME   | (T.OSS) | $FR \cap M$ | DARTNERSHIDS | $\Delta ND / OR$ | S      | CORPORATIONS |
|----------|---------|-------------|--------------|------------------|--------|--------------|
| TIACOLLE | I       | T. I/OII    | EUMINDHIED   | $\Delta MD / ON$ | $\sim$ | COMPONATIONS |

|           |            | ============ |
|-----------|------------|--------------|
| SHARE     |            | OF GAIN OR   |
| GROSS INC | OME DEDUCT | IONS (LOSS)  |
|           |            |              |

NET ORDINARY INCOME - INVESTMENTS K-1 505,564. 505,564.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS 505,564.

==========

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

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

B Employer identification number

| CH     | ARLES KOCH FOUNDATION  |    |                 | 48          | <u>-09184</u> | 08       |         |               |
|--------|--|----|-----------------|-------------|---------------|----------|---------|---------------|
| • 11r  | nrelated business activity code (see instructions) ▶ 903017      |    |                 | n Se        | quence:       | 17       | of      | 17            |
| , 01   | related business activity code (see instructions) > 505017       |    |                 | <b>D</b> 00 | querice.      | <u> </u> | 01      | <u> </u>      |
| : De   | escribe the unrelated trade or business ►FUND 17                 |    |                 |             |               |          |         |               |
| Pa     |  |    | (A) Income      |             | (B) Expen     | ses      |         | (C) Net       |
| 1a     | Gross receipts or sales  |    |                 |             |               |          |         |               |
| b      | Less returns and allowances c Balance ▶                          | 1c |                 |             |               |          |         |               |
| 2      | Cost of goods sold (Part III, line 8)                            | 2  |                 |             |               |          |         |               |
| 3      | Gross profit. Subtract line 2 from line 1c                       | 3  |                 |             |               |          |         |               |
| 4a     | Capital gain net income (attach Sch D (Form 1041 or Form         |    |                 |             |               |          |         |               |
|        | 1120)). See instructions   | 4a |                 |             |               |          |         |               |
| b      | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b |                 |             |               |          |         |               |
| С      | Capital loss deduction for trusts                                | 4c |                 |             |               |          |         |               |
| 5      | Income (loss) from a partnership or an S corporation (attach     |    |                 |             |               |          |         |               |
|        | statement) SEE. STATEMENT. 1                                     | 5  | 1,16            | 4.          |               |          |         | 1,164.        |
| 6      | Rent income (Part IV)  | 6  |                 |             |               |          |         |               |
| 7      | Unrelated debt-financed income (Part V)                          | 7  |                 |             |               |          |         |               |
| 8      | Interest, annuities, royalties, and rents from a controlled      |    |                 |             |               |          |         |               |
|        | organization (Part VI)   | 8  |                 |             |               |          |         |               |
| 9      | Investment income of section 501(c)(7), (9), or (17)             |    |                 |             |               |          |         |               |
|        | organizations (Part VII)   |    |                 |             |               |          |         |               |
| 0      | Exploited exempt activity income (Part VIII)                     |    |                 |             |               |          |         |               |
| 1      | Advertising income (Part IX)                                     |    |                 |             |               |          |         |               |
| 2      | Other income (see instructions; attach statement)                |    |                 |             |               |          |         |               |
| 3      | Total. Combine lines 3 through 12                                |    | 1,16            |             |               |          |         | 1,164.        |
| Рa     | Deductions Not Taken Elsewhere See instructions f                |    | nitations on de | ductio      | ns. Deduc     | tions n  | nust be | Э             |
| =      | directly connected with the unrelated business incom             |    |                 |             |               | T . 1    |         |               |
| 1      | Compensation of officers, directors, and trustees (Part X)       |    |                 |             |               |          |         |               |
| 2      | Salaries and wages   |    |                 |             |               |          |         |               |
| 3      | Repairs and maintenance  |    |                 |             |               |          |         |               |
| 4      | Bad debts  |    |                 |             |               |          |         |               |
| 5<br>6 | Taxes and licenses   |    |                 |             |               |          |         |               |
| 7      | Depreciation (attach Form 4562). See instructions                |    | 1 1             |             |               | .        |         |               |
| 8      | Less depreciation claimed in Part III and elsewhere on return .  |    |                 |             |               | 8b       |         |               |
| 9      | Depletion  |    |                 |             |               | 9        |         |               |
| 0      | Contributions to deferred compensation plans                     |    |                 |             |               |          |         |               |
| 1      | Employee benefit programs  |    |                 |             |               |          |         |               |
| 2      | Excess exempt expenses (Part VIII)                               |    |                 |             |               |          |         |               |
| 3      | Excess readership costs (Part IX)                                |    |                 |             |               |          |         |               |
| 4      | Other deductions (attach statement)                              |    |                 |             |               |          |         |               |
| 5      | Total deductions. Add lines 1 through 14                         |    |                 |             |               |          |         |               |
| 6      | Unrelated business income before net operating loss deduction.   |    |                 |             |               |          |         |               |
|        | column (C)   |    |                 |             |               | 16       |         | 1,164.        |
| 7      | Deduction for net operating loss. See instructions               |    |                 |             |               |          |         | NONE          |
| 8      | Unrelated business taxable income. Subtract line 17 from line 1  | 16 |                 |             |               |          |         | 1,164.        |
| or P   | aperwork Reduction Act Notice, see instructions.                 |    |                 |             | Sc            | hedule   | A (Forn | n 990-T) 2021 |

|     | t III Cost of Goods Sold   | Inter method of inventor       | ory valuation ▶                |                            | raye <b>z</b> |
|-----|--|--------------------------------|--------------------------------|----------------------------|---------------|
| 1   | Inventory at beginning of year   |                                |                                |                            |               |
| 2   | Purchases  |                                |                                | 2                          |               |
| 3   | Cost of labor  |                                |                                |                            |               |
| 4   | Additional section 263A costs (attach statement)                                       |                                |                                | 4                          |               |
| 5   | Other costs (attach statement)   |                                |                                | 5                          |               |
| 6   | <b>Total.</b> Add lines 1 through 5  |                                |                                | 6                          |               |
| 7   | Inventory at end of year   |                                |                                |                            |               |
| 8   | Cost of goods sold. Subtract line 7 from line 6. En                                    |                                |                                |                            |               |
| 9   | Do the rules of section 263A (with respect to pro                                      |                                |                                |                            | Yes No        |
| Par | t IV Rent Income (From Real Property   |                                |                                |                            |               |
| 1   | Description of property (property street address, c                                    | ity, state, ZIP code). Check   | if a dual-use. See instruction | ons.                       |               |
|     | A  |                                |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с —  |                                |                                |                            |               |
|     | D  |                                | _                              | _                          |               |
|     | _  | A                              | В                              | С                          | D             |
| 2   | Rent received or accrued   |                                |                                |                            |               |
| а   | From personal property (if the percentage of   |                                |                                |                            |               |
|     | rent for personal property is more than 10%  |                                |                                |                            |               |
|     | but not more than 50%)   |                                |                                |                            |               |
| b   | From real and personal property (if the percentage of rent for personal property       |                                |                                |                            |               |
|     | exceeds 50% or if the rent is based on profit or                                       |                                |                                |                            |               |
|     | income)  |                                |                                |                            |               |
| _   | <i>'</i>   |                                |                                |                            |               |
| С   | Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D |                                |                                |                            |               |
| •   | Total rents received or accrued. Add line 2c colur                                     | nna A through D. Entar ha      | ro and an Dart L line 6 calu   | mn (A)                     |               |
| 3   | Total ferits received of accrued. Add line 20 colur                                    | iins A through D. Enter he     | e and on Part I, line o, colu  | (A)                        |               |
| 4   | Deductions directly connected with the income  |                                |                                |                            |               |
| -   | in lines 2(a) and 2(b) (attach statement)  |                                |                                |                            |               |
| 5   | Total deductions. Add line 4 columns A through D                                       | ) Enter here and on Part I     | line 6 column (B)              |                            |               |
| ·   | Total addactional year mile it columns year and agent                                  | . Entor noro and on rait i,    | ( <i>b</i> )                   |                            |               |
| Par | t V Unrelated Debt-Financed Income (   | see instructions)              |                                |                            |               |
| 1   | Description of debt-financed property (street addre                                    | ess, city, state, ZIP code). ( | Check if a dual-use. See ins   | structions.                |               |
|     | A  | , , , ,                        |                                |                            |               |
|     | В  |                                |                                |                            |               |
|     | с 🗌  |                                |                                |                            |               |
|     | D  |                                |                                |                            |               |
|     |  | Α                              | В                              | С                          | D             |
| 2   | Gross income from or allocable to debt -   |                                |                                |                            |               |
|     | financed property  |                                |                                |                            |               |
| 3   | Deductions directly connected with or allocable  |                                |                                |                            |               |
|     | to debt-financed property  |                                |                                |                            |               |
| а   | Straight line depreciation (attach statement).   |                                |                                |                            |               |
| b   | Other deductions (attach statement)  |                                |                                |                            |               |
| С   | Total deductions (add lines 3a and 3b,   |                                |                                |                            |               |
|     | columns A through D)   |                                |                                |                            |               |
| 4   | Amount of average acquisition debt on or allocable                                     |                                |                                |                            |               |
|     | to debt - financed property (attach statement)   |                                |                                |                            |               |
| 5   | Average adjusted basis of or allocable to debt-  |                                |                                |                            |               |
|     | financed property (attach statement)   |                                |                                |                            |               |
| 6   | Divide line 4 by line 5  | %                              | %                              | %                          | %             |
| 7   | Gross income reportable. Multiply line 2 by line 6                                     |                                |                                |                            |               |
| 8   | Total gross income (add line 7, columns A through                                      | h D). Enter here and on Pa     | art I, line 7, column (A)      | · · · · · · · · • <u> </u> |               |
|     |  | I                              | I                              | 1                          |               |
| 9   | Allocable deductions. Multiply line 3c by line 6                                       |                                |                                |                            |               |
| 10  | Total allocable deductions. Add line 9, columns A                                      | -                              | •                              |                            |               |
| 11  | Total dividends-received deductions included in l                                      | ine 10                         |                                | <b> </b>                   |               |

| Schedule A (Form 990-1) 2021    |                                   | ing and Doub  | - f OtIII O   |   | Page 3  |
|---------------------------------|-----------------------------------|---|---|---|---|
| Part VI Interest, An            | nuities, Royalt                   | ies, and Rents  | s from Controlled Organ                                   |   |   |
|                                 |                                   |   | Exempt Co   | ntrolled Organizations  |   |
| Name of controlled organization | 2. Employer identification number | 3. Net unrelate income (loss) (see instruction            | payments made   | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  | 6. Deductions directly connected with income in column 5                    |
| (1)                             |                                   |   |   |   |   |
| (2)                             |                                   |   |   |   |   |
| (3)                             |                                   |   |   |   |   |
| (4)                             |                                   |   |   |   |   |
|                                 |                                   | Nonexe  | empt Controlled Organizatio                               | ons   |   |
| 7. Taxable income               | in                                | Net unrelated come (loss) e instructions)                 | 9. Total of specified payments made                       | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income | 11. Deductions directly connected with income in column 10                  |
| (1)                             |                                   |   |   |   |   |
| (2)                             |                                   |   |   |   |   |
| (3)                             |                                   |   |   |   |   |
| (4)                             |                                   |   |   |   |   |
| Totals                          |                                   |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                            | Add columns 6 and 11.<br>Enter here and on Part I,<br>line 8, column (B)    |
|                                 |                                   |   | (7), (9), or (17) Organiza                                | ation (see instructions)  |   |
| 1. Description of income        |                                   | ount of income  | 3. Deductions<br>directly connected<br>(attach statement) | 4. Set-asides (attach statement)  | 5. Total deductions<br>and set-asides<br>(add columns 3 and 4)              |
| (1)                             |                                   |   |   |   |   |
| (2)                             |                                   |   |   |   |   |
| (3)                             |                                   |   |   |   |   |
| (4)                             |                                   |   |   |   |   |
| Totals                          | Enter he                          | ounts in column 2.<br>ere and on Part I,<br>9, column (A) |   |   | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B) |
|                                 |                                   | / Income. Oth   | er Than Advertising Inco                                  | me (see instructions)   |   |
| Description of exploi           | •                                 | , <b>,</b>  | <u> </u>  |   |   |
| ·                               |                                   | om trade or bus   | iness. Enter here and on Pa                               | art I. line 10. column (A)  | 2   |
|                                 |                                   |   | nrelated business income. E                               | ,   | _   |
| line 10, column (B)             |                                   |   |   |   | 3   |
| , , ,                           |                                   | trade or busines  | s. Subtract line 3 from lin                               | ne 2. If a gain, complete   |   |
| lines 5 through 7               |                                   |   |   |   | 4   |
| · ·                             |                                   |   | s income  |   | 5   |
|                                 | •                                 |   |   |   | 6   |
| 7 Excess exempt exp             | enses. Subtract I                 | ine 5 from line   | 6, but do not enter more                                  | than the amount on line   |   |
| 4. Enter here and on            | Part II, line 12                  | <u> </u>  |   |   | 7   |

16733H K932 V21-7.6F 85646 322

| 1     | t IX Advertising Income  |   |                     |                       |                                |
|-------|--|---|---------------------|-----------------------|--------------------------------|
|       | Name(s) of periodical(s). Check box                              | x if reporting two or more periodicals on a | consolidated basis. |                       |                                |
|       | A .  |   |                     |                       |                                |
|       | В  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | <u> </u>   |   |                     |                       |                                |
|       | D  |   |                     |                       |                                |
| Enter | amounts for each periodical listed at                            | pove in the corresponding column.           |                     |                       |                                |
|       |  | A   | В                   | С                     | D                              |
| 2     | Gross advertising income   |   |                     |                       |                                |
| a     |  | ere and on Part I, line 11, column (A)      |                     |                       |                                |
| a     | Add coldiniis A through B. Enter he                              | are and on rearri, line 11, column (A).     |                     | · · · · · · · · · · • |                                |
|       |  |   |                     |                       |                                |
| 3     | Direct advertising costs by periodical                           |   |                     |                       |                                |
| а     | Add columns A through D. Enter he                                | re and on Part I, line 11, column (B)       |                     |                       | <b>-</b>                       |
|       |  |   |                     |                       |                                |
| 4     | Advertising gain (loss). Subtract line                           | 3 from line                                 |                     |                       |                                |
|       | 2. For any column in line 4 show                                 |   |                     |                       |                                |
|       | complete lines 5 through 8. For any                              |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       | line 4 showing a loss or zero, do no                             |   |                     |                       |                                |
|       | lines 5 through 7, and enter zero on                             |   |                     |                       |                                |
| 5     | Readership costs   |   |                     |                       |                                |
| 6     | Circulation income   |   |                     |                       |                                |
| 7     | Excess readership costs. If line 6 i                             | s less than                                 |                     |                       |                                |
|       | line 5, subtract line 6 from line 5. If I                        | ine 5 is less                               |                     |                       |                                |
|       | than line 6, enter zero  |   |                     |                       |                                |
| 8     | Excess readership costs allow                                    |   |                     |                       |                                |
| o     | •  |   |                     |                       |                                |
|       | deduction. For each column showin                                |   |                     |                       |                                |
|       | line 4, enter the lesser of line 4 or lin                        |   |                     |                       |                                |
| а     |  | D. Enter the greater of the line 8          |                     |                       | 1                              |
|       | Part II, line 13   |   |                     |                       | <b></b>                        |
| Par   | t Y Componention of Office                                       | ers, Directors, and Trustees (see           | instructions)       |                       |                                |
| ıaı   | Compensation of Office   |   |                     |                       |                                |
|       |  |   | 3                   | . Percentage          | <ol><li>Compensation</li></ol> |
|       | 1. Name  | 2. Title                                    | of                  | time devoted          | attributable to                |
|       |  |   |                     | to business           | unrelated business             |
| /1\   |  |   |                     | 0/                    |                                |
| (1)   |  |   |                     | %                     |                                |
| (2)   |  |   |                     | %                     |                                |
| (3)   |  |   |                     | %                     |                                |
| (4)   |  |   |                     | %                     |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
| Total | I. Enter here and on Part II, line 1                             |   |                     |                       |                                |
|       |  | ion (see instructions)                      |                     |                       |                                |
|       | I. Enter here and on Part II, line 1 It XI Supplemental Informat |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |
|       |  |   |                     |                       |                                |

JSA 1X2753 1.000 16733H K932

#### SCHEDULE A: FUND 17

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

|                                       | .===========             | =========              |                   |
|---------------------------------------|--------------------------|------------------------|-------------------|
|                                       | SHARE OF<br>GROSS INCOME | SHARE OF<br>DEDUCTIONS | GAIN OR<br>(LOSS) |
| NET ORDINARY INCOME - INVESTMENTS K-1 | 1,164.                   |                        | 1,164.            |

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

==========

1,164.

#### **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

| Did the comporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  | · (   | CHARLES KOCH FOUNDATION  |                        |                         |   | p.ioy | 8-09184               | 0.8                          |
|--|-------|--|------------------------|-------------------------|---|-------|-----------------------|------------------------------|
| TYSE, "Attach Form 3949 and see its instructions for additional requirements for reporting your gain or loss."  **Part I Short-Ferm Capital Gains and Losses - Assets Held One Year or Less  **Becinstructions for how the figure the amounts to warder or the fisher should be controlled from the fisher of the fisher should be controlled from the fisher of the fisher should be controlled from the fisher of the fisher should be controlled from the fisher of the fisher should be controlled from the fisher of the fisher should be controlled from the fisher of the fisher should be controlled from the fisher of the fisher should be controlled from the fisher should be controlled  |       |  | qualified opportur     | nity fund during the ta | ax year?                                |       |                       |                              |
| Semistrated for from the flague the amounts to the flague of the flague  | f "Ye | s," attach Form 8949 and see its instructions for  | additional require     | ements for reporting    |   |       |                       |                              |
| the times below. Process from Form (252, line 26 or 37 and some state of the second of | Part  | -  | - Assets Held O        | ne Year or Less         | 143411                                  |       | 1000                  |                              |
| 1a Totals for all short-term transactions reported on Form (1099-B for which basis was reported to the IRS and for which basis was reported to the IRS and for which basis was reported to the IRS and for which spice has been instructionally house the instructions in the IRS and for which spice has been stored to Form (1989-89) with Box B checked   |       | the lines below.  This form may be easier to complete if you round off cents to  | Proceeds               | Cost                    | or loss from Form<br>8949, Part I, line | n(s)  | Subtract column (d)   | lumn (e) from<br>and combine |
| 18 Totals for all transactions reported on Form(s) 8949 with Box & checked 2 Totals for all transactions reported on Form(s) 8949 with Box & checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Short-term capital gain or (loss) Combine lines 1a through 6 in column h 7 Totals for all reasons for how to figure the amounts owner on Proceeds (asies price) This form may be sales to complete f you round of cests to whole delates 1098-8 For which basis was reported to the ISS and for which you have no adjustments (see instructions). However, leave their ten behavior and pull-ments (see instructions). However, leave their ten behavior and pull-ments (see instructions). However, leave their ten behavior and pull-ments (see instructions). However, leave their ten behavior and pull-ments (see instructions). However, leave their ten behavior and politic form of Form(s) 8949 with Box Dehexbot 10 Totals for all transactions reported on Form(s) 8949 with Box Dehexbot 11 Enter gain from Form 4797, line 7 or 9 11 1, 368. 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Long-term capital gain or (loss). Combine lines 8 a through 14 in column in 15  15 Net long-term capital gain or (loss). Combine lines 8 a through 14 in column in 15  15 Net long-term capital gain or (loss). Combine lines 8 a through 14 in column in 15  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 7) 17 753,077.  | 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, |                        |                         | column (g)                              |       | the result w          | ith column (g)               |
| with Box B checked   | 1b    | Totals for all transactions reported on Form(s) 8949   |                        |                         |   |       |                       |                              |
| with Box C checked   | 2     |  |                        |                         |   |       |                       |                              |
| 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 -561,060.  Part III Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on the filter below. This form may be easier to complete if you round of cents to whole collidars.  8a Totals for all long-term transactions reported on Form (s) (sales price) (or other basis) 87 Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box E checked 11 Enter gain from Form 4797, line 7 or 9 11 1, 368. 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 7), 17 753,077.  | 3     |  |                        |                         |   |       |                       | 22,751.                      |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  7 -561,060.  7 -561,060.  7 -561,060.  7 -561,060.  8 Senistructions for how to figure the amounts to enter on the lines below.  8 Senistructions for how to figure the amounts to enter on the lines below.  8 This form may be easier to complete if you round off cents to Proceeds (sales price)  8 This form may be easier to complete if you round off cents to Proceeds (sales price)  8 Totals for all long-term transactions reported on Form (19) and combine the result with column (19) and co |       | <u>'</u>   |                        |                         |   |       |                       |                              |
| 6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  7 -561,060.  Part III Long-Term Capital Gains and Losses - Assets Held More Than One Year  Seniarructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to (eales price)  8a Totals for all long-term transactions reported on Form (109-6 for which basis was reported on Forms) 8949 leave this line blank and got to line 8b.  8b Totals for all transactions reported on Form(s) 8949 with Box D checked  9 Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box E checked  11 Enter gain from Form 4797, line 7 or 9  11 1, 368.  12 Long-term capital gain from installment sales from Form 6252, line 26 or 37  12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  13 Long-term capital gain or (loss). Combine lines 8a through 14 in column h  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  17 753,077.  | 4     | Short-term capital gain from installment sales from Fo   | orm 6252, line 26 or   | 37                      |   | 4     |                       | 912.                         |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  | 5     | Short-term capital gain or (loss) from like-kind exchange  | ges from Form 8824     |                         |   | 5     |                       |                              |
| See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.  Ba Totalis for all long-term transactions reported on Form 1099-8 for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions reported on Form 1099-8 for which has so was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions reported on Form(s) 8949 with Box D checked  10 Totals for all transactions reported on Form(s) 8949 with Box E checked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain from installment sales from Form 6252, line 26 or 37  13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  14 Capital gain distributions (see instructions)  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  17 Totals for all transactions reported on Form(s) 8949 with Box F checked  18 Totals for all transactions reported on Form(s) 8949 with Box F checked  19 Totals for all transactions reported on Form(s) 8949 with Box F checked  10 Totals for all transactions reported on Form(s) 8949 with Box F checked  11 Long-term capital gain from installment sales from Form 6252, line 26 or 37  12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital lo | 6     | Unused capital loss carryover (attach computation)   |                        |                         |   | 6     | (                     | 584,723.)                    |
| See instructions for how to figure the amounts to enter on the line below.  This form may be easier to complete if you round off cents to whole dollars.  **Ba Totals for all Inney-Ierm 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 reported on Form 9849, with Box E checked  10 Totals for all Inney-Ierm transactions reported on Form(s) 8949 with Box E checked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  14 Capital gain distributions (see instructions)  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net short-term capital gain (line 15) over net short-term capital loss (line 7)  17 Totals for all transactions reported on Form(s) 8949 with Box E checked  18 Totals for all transactions reported on Form(s) 8949 with Box E checked  19 Totals for all transactions reported on Form(s) 8949 with Box E checked  10 Totals for all transactions reported on Form(s) 8949 with Box E checked  11 Long-term capital gain from installment sales from Form 6252, line 26 or 37  12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  13 Long-term capital gain or (loss). Combine lines 8a through 14 in column h  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  17 Totals for all negative to column (loss) combine lines 8a through 14 in column h  18 Totals for all lines transactions reported on Form(s) 8949 with Box E | 7     | Net short-term capital gain or (loss). Combine lines 1a  | a through 6 in columr  | nh                      |   | 7     | _                     | 561,060.                     |
| the lines below. This form may be easier to complete if you round off cents to Whole dollars.  8a Totals for all long-term transactions reported on Form 1099-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.  8b Totals for all transactions reported on Form(s) 8949 with Box D checked  10 Totals for all transactions reported on Form(s) 8949 with Box E checked  11 Enter gain from Form 4797, line 7 or 9  12 Long-term capital gain from installment sales from Form 6252, line 26 or 37  13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  14 Capital gain distributions (see instructions)  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  17 753,077.   |       |  |                        |                         |   |       |                       |                              |
| 8a Totals for all long-term transactions reported on Form 109-8 for which basis was reported to the IRS and for which basis was reported to the IRS and for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  8b Totals for all transactions reported on Form(s) 8949 with Box D checked   |       | the lines below.  This form may be easier to complete if you round off cents to  | Proceeds               | Cost                    | or loss from For<br>8949, Part II, lin  | n(s)  | Subtract column (d) a | lumn (e) from<br>and combine |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked   | 8a    | 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949.   |                        |                         |   |       |                       |                              |
| with Box E checked   | 8b    | Totals for all transactions reported on Form(s) 8949   |                        |                         |   |       |                       |                              |
| with Box F checked   | 9     | ' ',   |                        |                         |   |       |                       |                              |
| Long-term capital gain from installment sales from Form 6252, line 26 or 37  Long-term capital gain or (loss) from like-kind exchanges from Form 8824  13  14 Capital gain distributions (see instructions)  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  17 753,077.   | 10    |  |                        |                         |   |       | 5                     | 512,241.                     |
| Long-term capital gain or (loss) from like-kind exchanges from Form 8824  14 Capital gain distributions (see instructions)  15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  18 13 14 15 15 15 13,609.  19 16 9,768.  | 11    | Enter gain from Form 4797, line 7 or 9   |                        |                         |   | 11    |                       | 1,368.                       |
| 14 Capital gain distributions (see instructions)   | 12    | Long-term capital gain from installment sales from Fo  | orm 6252, line 26 or 3 | 37                      |   | 12    |                       |                              |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h   | 13    | Long-term capital gain or (loss) from like-kind exchang  | ges from Form 8824     |                         |   | 13    |                       |                              |
| Part III Summary of Parts I and II  16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)  17 753,077.  | 14    | Capital gain distributions (see instructions)  |                        |                         |   | 14    |                       |                              |
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  |       |  | through 14 in colum    | nh                      |   | 15    |                       | 513,609.                     |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 753,077.  |       |  | er net long-term capit | al loss (line 15)       |   | 16    |                       | 9,768.                       |
|  | 17    |  |                        |                         |   | 17    |                       |                              |
|  |       |  |                        |                         |   |       |                       | 762,845.                     |

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

Schedule D (Form 1120) 2021

## Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return

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.

Part I

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

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

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

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

| (a) Description of property   | (b) Date acquired  | (c) Date sold or            | (d)<br>Proceeds                     | (e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions | Adjustment, if a<br>If you enter an a<br>enter a coo<br>See the sepa |                                       |  |
|---|--------------------|-----------------------------|-------------------------------------|---|--|---------------------------------------|--|
| (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)    | disposed of (Mo., day, yr.) | (sales price)<br>(see instructions) |   | (f)<br>Code(s) from<br>instructions                                  | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g) |
| FUND 4 - ST   |                    |                             |                                     |   |  |                                       | 1,566.   |
| FUND 16 - ST  |                    |                             |                                     |   |  |                                       | 8,202.   |
| QPI - ST  |                    |                             |                                     |   |  |                                       | 12,983.  |
|   |                    |                             |                                     |   |  |                                       |  |
|   |                    |                             |                                     |   |  |                                       |  |
|   |                    |                             |                                     |   |  |                                       |  |
|   |                    |                             |                                     |   |  |                                       |  |
|   |                    |                             |                                     |   |  |                                       |  |
|   |                    |                             |                                     |   |  |                                       |  |
|   |                    |                             |                                     |   |  |                                       |  |
|   |                    |                             |                                     |   |  |                                       |  |
|   |                    |                             |                                     |   |  |                                       |  |
|   |                    |                             |                                     |   |  |                                       |  |
|   |                    |                             |                                     |   |  |                                       |  |
|   |                    |                             |                                     |   |  |                                       |  |
| 2 Totals. Add the amounts in colum<br>negative amounts). Enter each to<br>Schedule D, line 1b (if Box A abo | otal here and incl | lude on your                |                                     |   |  |                                       |  |

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** (2021)

Form 8949 (2021) Attachment Sequence No. 12A

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

Social security number or taxpayer identification number

Page 2

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.

| more or the boxes, complete as me   | any ionina witi  | I lile saille b | ox checked as y | ou neeu. |  |  |  |  |
|---|--|-----------------|-----------------|----------|--|--|--|--|
| (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see <b>Note</b> above) |  |                 |                 |          |  |  |  |  |
| (E) Long-term transactions r  | (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS |                 |                 |          |  |  |  |  |
| x (F) Long-term transactions not reported to you on Form 1099-B   |  |                 |                 |          |  |  |  |  |
| 1   |  |                 |                 | (e)      | Adjustment, if any, to gain or loss. If you enter an amount in column (g), |  |  |  |

| 1  (a)  Description of property  | (b) Date acquired                  | (c) Date sold or disposed of | (d)<br>Proceeds<br>(sales price) | (e) Cost or other basis. See the <b>Note</b> below    | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. |                                | (h) Gain or (loss). Subtract column (e) from column (d) and |
|--|------------------------------------|------------------------------|----------------------------------|---|---|--------------------------------|---|
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)                    | (Mo., day, yr.)              | (see instructions)               | and see Column (e)<br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment | combine the result with column (g)                          |
| QPI - LT   |                                    |                              |                                  |   |   |                                | 569,460.  |
| FUND 4 - LT  |                                    |                              |                                  |   |   |                                | 8,813.  |
| FUND 8 - LT  |                                    |                              |                                  |   |   |                                | -810,295.   |
| FUND 9 - LT  |                                    |                              |                                  |   |   |                                | 741,646.  |
| FUND 16 - LT   |                                    |                              |                                  |   |   |                                | 2,617.  |
|  |                                    |                              |                                  |   |   |                                |   |
|  |                                    |                              |                                  |   |   |                                |   |
|  |                                    |                              |                                  |   |   |                                |   |
|  |                                    |                              |                                  |   |   |                                |   |
|  |                                    |                              |                                  |   |   |                                |   |
|  |                                    |                              |                                  |   |   |                                |   |
|  |                                    |                              |                                  |   |   |                                |   |
|  |                                    |                              |                                  |   |   |                                |   |
|  |                                    |                              |                                  |   |   |                                |   |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box | here and include is checked), line | ude on your<br>9 (if Box E   |                                  |   |   |                                | 512,241.  |

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

Form **8949** (2021)

JSA 1X2616 1.000

16733H K932 V21-7.6F 85646 **327** 

Form 6781

Department of the Treasury

Internal Revenue Service

### Gains and Losses From Section 1256 Contracts and Straddles

OMB No. 1545-0644

2021

Attachment Seguence No. **82** 

Name(s) shown on tax return Identifying number 48-0918408 CHARLES KOCH FOUNDATION Check all applicable boxes. Α Mixed straddle election С Mixed straddle account election See instructions В Straddle-by-straddle identification election D Net section 1256 contracts loss election **Section 1256 Contracts Marked to Market** Part I (c) Gain (a) Identification of account (b) (Loss) PASSIVE FUND III UBTI - 1256 GAIN 2,280.00 2,280.00 2 Add the amounts on line 1 in columns (b) and (c)..... 2,280.00 3 Net gain or (loss). Combine line 2, columns (b) and (c) 2,280.00 5 Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0-6 2,280.00 7 Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D 912.00 8 Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of Schedule D 1,368.00 Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Section A - Losses From Straddles (b) Date (c) Date (d) Gross (e) Cost or (a) Description of property (f) Loss. (h) Recognized loss. (g) Unrecognized If column (f) is entered closed out sales price other basis If column (e) is more than (d), more than (a). into or or sold plus expense gain on enter difference enter difference. acquired of sale offsetting Otherwise, enter positions Otherwise, enter -0-. 10 Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949 See instructions 11a b Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949. See instructions 11b **Section B - Gains From Straddles** (f) Gain. (a) Description of property (c) Date (b) Date (d) Gross (e) Cost or If column (d) is entered closed out sales price other basis more than (e), into or or sold plus expense enter difference acquired of sale 12 13a Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions) (a) Description of property (b) Date (c) Fair market (d) Cost or (e) Unrecognized gain. If column (c) value on last other basis acquired is more than (d), business day as adjusted enter difference. of tax year Otherwise, enter -0-14

**Charles Koch Foundation** 

Form 990-T, Line 31 - Net Operating Loss Deduction

Tax Year: 12/31/2021

#### **NET OPERATING LOSS DEDUCTION**

#### Schedule A Sequence 1 of 17

Fund 1

EIN: 48-0918408

|                       |               | _000            |                |
|-----------------------|---------------|-----------------|----------------|
| Loss Year Ending      | NOL Generated | Previously used | Loss Available |
| 12/31/2020            | (1,219,675)   | -               | (1,219,675)    |
| 12/31/2021            | (953,549)     | -               | (953,549)      |
|                       |               |                 |                |
| Net Operating Loss Av | (2,173,224)   |                 |                |
| Net Operating Loss D  |               |                 |                |
| Net Operating Loss Ca | (2,173,224)   |                 |                |

## Schedule A Sequence 2 of 17

Fund 2

#### Loss

| Loss Year Ending         | <b>NOL Generated</b> | Previously used | Loss Available |
|--------------------------|----------------------|-----------------|----------------|
| 12/31/2020               | (180,576)            | -               | (180,576)      |
| 12/31/2021               | -                    | -               | -              |
|                          |                      |                 |                |
| Net Operating Loss Avail | able                 |                 | (180,576)      |
| Net Operating Loss Dedu  | 123,183              |                 |                |
| Net Operating Loss Carry | (57,393)             |                 |                |

## Schedule A Sequence 3 of 17

Fund 3

#### Loss

|                           |               | 2000            |                |
|---------------------------|---------------|-----------------|----------------|
| Loss Year Ending          | NOL Generated | Previously used | Loss Available |
| 12/31/2020                | -             | -               | -              |
| 12/31/2021                | -             | -               | -              |
|                           |               |                 |                |
| Net Operating Loss Availa | ble           |                 | -              |
| Net Operating Loss Deduc  | <u> </u>      |                 |                |
| Net Operating Loss Carry  | -             |                 |                |

## Schedule A Sequence 4 of 17 Fund 4

#### Loss

| Loss Year Ending   | NOL Generated          | Previously used | Loss Available |
|--|------------------------|-----------------|----------------|
| 12/31/2020   | -                      | -               | -              |
| 12/31/2021   | -                      | -               | -              |
| Net Operating Loss Avai  | -                      |                 |                |
| Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2021 |                        |                 | -              |
| Net Operating Loss Carr  | yforward to 12/31/2022 |                 | -              |

#### Schedule A Sequence 5 of 17 Fund 5

| Loss Year Ending  | NOL Generated          | Previously used | Loss Available |
|---|------------------------|-----------------|----------------|
| 12/31/2020  | (12,035)               | -               | (12,035)       |
| 12/31/2021  | (117,503)              | -               | (117,503)      |
| Net Operating Loss Available Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2021 |                        |                 | (129,538)      |
| Net Operating Loss Carr   | yforward to 12/31/2022 |                 | (129,538)      |

## Schedule A Sequence 6 of 17

Fund 6

#### Loss

| Loss Year Ending   | NOL Generated          | Previously used | Loss Available |
|--|------------------------|-----------------|----------------|
| 12/31/2020   | -                      | -               | -              |
| 12/31/2021   | -                      | -               | -              |
| Net Operating Loss Ava   | -                      |                 |                |
| Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2021 |                        |                 | 1 -            |
| Net Operating Loss Cari  | yforward to 12/31/2022 |                 | -              |

## Schedule A Sequence 7 of 17

Fund 7

#### Loss

|  | Loss Year Ending                              | NOL Generated | Previously used | Loss Available |
|--|---|---------------|-----------------|----------------|
|  | 12/31/2020                                    | (32,293)      | -               | (32,293)       |
|  | 12/31/2021                                    | (71,941)      | -               | (71,941)       |
|  | Net Operating Loss Availa                     | (104,234)     |                 |                |
| Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2021 |   |               |                 |                |
|  | Net Operating Loss Carryforward to 12/31/2022 |               |                 | (104,234)      |

## Schedule A Sequence 8 of 17

Fund 8

|                          |                        | Loss            |                |
|--------------------------|------------------------|-----------------|----------------|
| Loss Year Ending         | NOL Generated          | Previously used | Loss Available |
| 12/31/2020               | -                      | -               | -              |
| 12/31/2021               | -                      | -               | -              |
| Net Operating Loss Avail | -                      |                 |                |
| Net Operating Loss Dedu  | -                      |                 |                |
| Net Operating Loss Carry | yforward to 12/31/2022 |                 |                |

#### Schedule A Sequence 9 of 17 Fund 9

#### Loss

| Loss Year Ending   | NOL Generated          | Previously used | Loss Available |
|--|------------------------|-----------------|----------------|
| 12/31/2020   | -                      | -               | -              |
| 12/31/2021   | -                      | -               | -              |
| Net Operating Loss Avai  | -                      |                 |                |
| Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2021 |                        |                 | -              |
| Net Operating Loss Carr  | yforward to 12/31/2022 |                 | -              |

#### Schedule A Sequence 10 of 17 Fund 10

| ı | _  | _ | _ |
|---|----|---|---|
| 1 | r٦ |   |   |

| Loss Year Ending   | NOL Generated          | Previously used | Loss Available |
|--|------------------------|-----------------|----------------|
| 12/31/2020   | (74,194)               | -               | (74,194)       |
| 12/31/2021   | -<br>-                 | -               | -              |
| Net Operating Loss Avai  | (74,194)               |                 |                |
| Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2021 |                        |                 | 74,194         |
| Net Operating Loss Carr  | yforward to 12/31/2022 |                 | -              |

## Schedule A Sequence 11 of 17

Fund 11

#### Loss

| Loss Year Ending        | <b>NOL Generated</b>   | Previously used | Loss Available |
|-------------------------|------------------------|-----------------|----------------|
| 12/31/2020              | (2,881)                | -               | (2,881)        |
| 12/31/2021              | (30,342)               | -               | (30,342)       |
| Net Operating Loss Avai | (33,223)               |                 |                |
| Net Operating Loss Ded  |                        |                 |                |
| Net Operating Loss Carr | yforward to 12/31/2022 |                 | (33,223)       |

## Schedule A Sequence 12 of 17

#### Fund 12

#### Loss

| Loss Year Ending   | NOL Generated         | Previously used | Loss Available |
|--|-----------------------|-----------------|----------------|
| 12/31/2020   | (5,603)               | -               | (5,603)        |
| 12/31/2021   | (253,445)             | -               | (253,445)      |
| Net Operating Loss Availa  | (259,048)             |                 |                |
| Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2021 |                       |                 |                |
| Net Operating Loss Carry   | forward to 12/31/2022 |                 | (259,048)      |

#### Schedule A Sequence 13 of 17 Fund 13

#### Loss

| Loss Year Ending  | <b>NOL Generated</b>        | Previously used             | Loss Available |
|---|-----------------------------|-----------------------------|----------------|
| 12/31/2020  | -                           | -                           | -              |
| 12/31/2021  | -                           | -                           | -              |
| Net Operating Loss Avai<br>Net Operating Loss Dedi<br>Net Operating Loss Carr | uction (Limited to 80% of T | axable Income) - 12/31/2021 | -<br>-<br>-    |

### Schedule A Sequence 14 of 17 Fund 14

#### Loss

| Loss Year Ending                                    | <b>NOL Generated</b>   | Previously used | Loss Available |
|---|------------------------|-----------------|----------------|
| 12/31/2020  | -                      | -               | -              |
| 12/31/2021  | -                      | -               | -              |
| Net Operating Loss Avail<br>Net Operating Loss Dedu | <u> </u>               |                 |                |
| Net Operating Loss Carr                             | yforward to 12/31/2022 |                 | -              |

# Schedule A Sequence 15 of 17 Fund 15

| Loss Year Ending  | NOL Generated               | Previously used             | Loss Available       |
|---|-----------------------------|-----------------------------|----------------------|
| 12/31/2018  | (67,022)                    | -                           | (67,022)             |
| 12/31/2020  | (624,704)                   | -                           | (624,704)            |
| 12/31/2021  | -                           | -                           | -                    |
| Net Operating Loss Avail<br>Net Operating Loss Dedu<br>Net Operating Loss Carry | uction (Limited to 80% of T | axable Income) - 12/31/2021 | (691,726)<br>691,726 |

## Schedule A Sequence 16 of 17 Fund 16

#### Loss

| Loss Year Ending   | NOL Generated          | Previously used | Loss Available |
|--|------------------------|-----------------|----------------|
| 12/31/2021   | -                      | -               | -              |
| Net Operating Loss Ava   | lahle                  |                 | _              |
| Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2021 |                        |                 | -              |
| Net Operating Loss Carr  | vforward to 12/31/2022 | ,               | _              |

## Schedule A Sequence 17 of 17 Fund 17

#### Loss

| Loss Year Ending   | NOL Generated                | Previously used             | Loss Available |
|--|------------------------------|-----------------------------|----------------|
| 12/31/2021   | -                            | -                           | -              |
| Net Operating Loss Ava<br>Net Operating Loss Dec<br>Net Operating Loss Car | luction (Limited to 80% of T | axable Income) - 12/31/2021 | <u> </u>       |

Total NOL Carryforwards (2,756,660)

**Charles Koch Foundation** 

Form 990-T, Schedule D - Capital Loss Carryforward

Tax Year: 12/31/2021

### **Capital Loss Deduction**

## Schedule A Sequence 8 of 17 NewSpring Holdings Parallel LLC

| Loss Year Ending  | Capital Loss<br>Generated | Loss<br>Previously used | Loss Available              |
|---|---------------------------|-------------------------|-----------------------------|
| 12/31/2021  | (810,295)                 | -                       | (810,295)                   |
| Capital Loss Available Capital Loss Deduction (Limited to Capital Gains) - 12/31/2021 Capital Loss Carryforward to 12/31/2022 |                           |                         | (810,295)<br>-<br>(810,295) |
| Schedule A Sequence 15 of 17  |                           |                         |                             |

## QPI

| Loss Year Ending  | Capital Loss<br>Generated | Loss<br>Previously used | Loss Available         |
|---|---------------------------|-------------------------|------------------------|
| 12/31/2020  | (2,433,608)               | -                       | (2,433,608)            |
| 12/31/2021  | -                         | -                       | -                      |
| Capital Loss Available  |                           |                         | (2,433,608)            |
| Capital Loss Deduction (Limited to Capital Gains) - 12/31/20<br>Capital Loss Carryforward to 12/31/2022 | )21                       |                         | 584,723<br>(1,848,885) |