Charles Koch Foundation

Return of Private Foundation December 31, 2022

Public Disclosure Copy

FORV/S

Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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OMB No. 1545-0047 2022

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| Den | artment o | of the Treasury | Do not e | nter social security numbe | ers on this form | n as it may l | be made pub | lic. | Ĺ | |
|---|-----------|-------------------|-------------------------|---------------------------------|------------------|---------------|--------------------------|--|----------------------|-------------------------|
| Internal Revenue Service Go to www.irs.gov/Form990PF fo | | | | r instructions a | nd the late | st informatio | n. | Open | to Public Inspection | |
| Fo | r calen | ndar year 20 | 22 or tax year be | ginning | | 2022, and | ending | | | , 20 |
| | ne of fou | - | | 0 0 | | , | | r identification i | numbe | ər |
| С⊦ | ARLES | | NDATION | | | | | 48-0918 | 3408 | |
| Nur | nber and | I street (or P.O. | box number if mail is n | ot delivered to street address) | | Room/suite | B Telephor | ne number (see in | structi | ions) |
| 42 | | SON BLVD. | | | | SUITE 800 | | (571) 290 |)-681 [,] | 1 |
| | | | ce, country, and ZIP or | foreign postal code | | | C If exemp | tion application is | | |
| AR | | ON, VA 22203 | } | | | | • If exemp | non application is | pena | |
| | | all that app | | urn 🗌 Initial return | n of a former p | ublic charit | V D 1 Foreig | n organizations, o | check | here |
| • | 0 | | Final retu | | | | · · · | | | |
| | | | Address | | nae | | | n organizations n here and attach (| | |
| н | Check | type of ora | | ection 501(c)(3) exempt p | - | tion | - | | • | terminated under |
| \square | | | | table trust 🗌 Other tax | | | | 07(b)(1)(A), check | | |
| ī | | . , . , | of all assets at | J Accounting method | | | | | | |
| | | | Part II, col. (c), | Other (specify) | | | F If the fou under se | ndation is in a 60 ction 507(b)(1)(B) | -mont , chec! | h termination k here |
| | line 16 | | | (Part I, column (d), must b | e on cash basis | 5.) | | | | |
| Ρ | art I | Analysis o | | xpenses (The total of | (a) Revenue a | | | | | (d) Disbursements |
| | | | | may not necessarily equal | expenses pe | ar (D) ING | et investment income | (c) Adjusted income | net | for charitable purposes |
| | | the amounts | in column (a) (see inst | ructions).) | books | | | | | (cash basis only) |
| | 1 | Contribution | s, gifts, grants, etc., | received (attach schedule) | 263 | ,498 | | | | |
| | 2 | | | ot required to attach Sch. B | | | | | | |
| | 3 | | | orary cash investments | 70 | .532 | 70,532 | | | |
| | 4 | | and interest from s | | | | 21,887,888 | | | |
| | 5a | Gross rent | s | | | | | | | |
| | b | Net rental i | ncome or (loss) | | | | | | | |
| ē | 6a | Net gain or | (loss) from sale o | f assets not on line 10 | (617, | 500) | | | | |
| Revenue | b | Gross sales | price for all assets or | n line 6a 63,585,913 | \frown | | | | | |
| exe | 7 | Capital gai | n net income (fron | n Part IV, line 2) | | | 63,585,913 | | | |
| č | 8 | Net short-t | erm capital gain . | | | | | | 0 | |
| | 9 | Income mo | odifications | | | | | | | |
| | 10a | Gross sales | less returns and allo | wances 0 | | | | | | |
| | b | Less: Cost | of goods sold . | 0 | | | | | | |
| | С | Gross prof | it or (loss) (attach | schedule) | | 0 | | | | |
| | 11 | | | Ile) .STATEMENT 2. | 856 | ,458 | 23,334,572 | | 0 | |
| | 12 | | lines 1 through 1 | | 572 | ,988 | 108,878,905 | | 0 | |
| es | 13 | - | | rectors, trustees, etc. | | ,873 | | | | 579,873 |
| | 14 | | loyee salaries and | - | 3,738 | ,979 | | | | 3,708,954 |
|)en | 15 | | | nefits | 250 | ,854 | | | | 278,497 |
| X | 16a | - | | STATEMENT 3 | | 532 | 0 | | 0 | 532 |
| e | b | | | edule) STATEMENT 4 | | ,708 | 4,204 | | 0 | 37,833 |
| Iţ | c | • | | ch schedule) . STMT 5 | | ,229 | 0 | | 0 | 319,229 |
| and Administrative Expens | 17 | | | | | ,422 | 16,800,922 | | | |
| nis | 18 | | | instructions) . STMT 6 | 2,690 | | 304,664 | | 0 | 283,502 |
| | 19 | | | e) and depletion | | 0 | 0 | | 0 | |
| Adl | 20 | | | | | | | | | |
| p | 21 | | | etings | | ,336 | 0 | | 0 | 839,319 |
| an | 22 | | | | | ,520 | 0 | | 0 | 7,520 |
| ng | 23 | | | dule) STMT 7 | 188 | ,227 | 22,597,451 | | 0 | 194,982 |
| perating | 24 | | sthrough 22 | ninistrative expenses. | | 100 | 00 707 0 1 | | - | 0.055.5.1 |
|)er | 05 | | | | 8,675 | | 39,707,241 | | 0 | 6,250,241 |
| 2 | 25 | Contributio | ons, gitts, grants p | aid | 57,636 | ,279 | | | | 62,831,279 |

Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) . b Adjusted net income (if negative, enter -0-) С

Total expenses and disbursements. Add lines 24 and 25

For Paperwork Reduction Act Notice, see instructions.

Subtract line 26 from line 12:

1

66,311,762

(65,738,774)

0

0

69,081,520

26

27

а

39,707,241

69,171,664

| Pa | rt II | | | | nd of year | | |
|---------------|----------|---|---------------------------|----------------|-----------------------|--|--|
| | | 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 | 48,605 | 48,245 | 48,245 | | |
| | 2 | Savings and temporary cash investments | 91,610,651 | 46,326,740 | 46,326,740 | | |
| | 3 | Accounts receivable682,868 | | | | | |
| | | Less: allowance for doubtful accounts | 492 | 682,868 | 682,868 | | |
| | 4 | Pledges receivable | | | | | |
| | | Less: allowance for doubtful accounts | 0 | 0 | 0 | | |
| | 5 | Grants receivable | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | 0 | 0 | 0 | | |
| | 7 | Other notes and loans receivable (attach schedule) 0 | | | | | |
| | | Less: allowance for doubtful accounts 0 | 0 | 0 | 0 | | |
| ts | 8 | Inventories for sale or use | | | | | |
| Assets | 9 | Prepaid expenses and deferred charges | 2,957,256 | 6,169,443 | 6,169,443 | | |
| As | 10a | Investments-U.S. and state government obligations (attach schedule) | 0 | 0 | 0 | | |
| | b | Investments-corporate stock (attach schedule) | 0 | 0 | 0 | | |
| | с | Investments-corporate bonds (attach schedule) | 0 | 0 | 0 | | |
| | 11 | Investments—land, buildings, and equipment: basis 1,840,000 | STATEMENT 8 | | | | |
| | | Less: accumulated depreciation (attach schedule) 0 | 1,450,000 | 1,840,000 | 1,840,000 | | |
| | 12 | Investments-mortgage loans | | | | | |
| | 13 | Investments-other (attach schedule) STATEMENT 9 | 717,686,216 | 738,655,923 | 738,655,923 | | |
| | 14 | Land, buildings, and equipment: basis | | | | | |
| | | Less: accumulated depreciation (attach schedule) 0 | 0 | 0 | 0 | | |
| | 15 16 | Other assets (describe | 0 | 0 | 0 | | |
| | | Total assets (to be completed by all filers-see the | | | | | |
| | | instructions. Also, see page 1, item I) | 813,753,220 | 793,723,219 | 793,723,219 | | |
| _ | 17 | Accounts payable and accrued expenses | 1,486,037 | 1,345,102 | | | |
| S | 18 | Grants payable | 5,500,000 | 305,000 | | | |
| tie | 19 | Deferred revenue | | | | | |
| oili | 20 | Loans from officers, directors, trustees, and other disqualified persons | 0 | 0 | | | |
| Liabilities | 21 | Mortgages and other notes payable (attach schedule) | 0 | 0 | | | |
| - | 22 | Other liabilities (describe STATEMENT 10 | 0 | 2,625,000 | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 6,986,037 | 4,275,102 | | | |
| nces | | Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. | | | | | |
| Balaı | 24 | Net assets without donor restrictions | 806,767,183 | 789,448,117 | | | |
| ю | 25 | Net assets with donor restrictions | | | | | |
| nd | | Foundations that do not follow FASB ASC 958, check here | | | | | |
| Fund | | and complete lines 26 through 30. | | | | | |
| or | 26 | Capital stock, trust principal, or current funds | | | | | |
| ts | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | | |
| se | 28 | Retained earnings, accumulated income, endowment, or other funds | | | | | |
| As | 29 | Total net assets or fund balances (see instructions) | 806,767,183 | 789,448,117 | | | |
| Net Assets or | 30 | Total liabilities and net assets/fund balances (see | | | | | |
| | | instructions) | 813,753,220 | 793,723,219 | | | |
| | rt III | Analysis of Changes in Net Assets or Fund Balances | | | | | |
| 1 | | al net assets or fund balances at beginning of year-Part II, colu | | - | | | |
| _ | | -of-year figure reported on prior year's return) er amount from Part I, line 27a | | - | 806,767,183 | | |
| 2 | Ente | 2 | (65,738,774) | | | | |
| 3 | Othe | er increases not included in line 2 (itemize) STATEMENT 11 | | 3 | 48,419,708 | | |
| 4 | Add | lines 1, 2, and 3 | | 4 | 789,448,117 | | |
| 5 | | | | | | | |
| 6 | l ota | al net assets or fund balances at end of year (line 4 minus line 5)— | Part II, column (b), line | e296 | 789,448,117 | | |

| Form 99 Part | 0-PF (2022) | d Losses for Tax on Investn | nent Income | | | Page 3 |
|-----------------|---|---|---------------------------------------|--------------------------------|---------------------|--|
| rart | (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)(b) How acquired P-Purchase D-Donation(c) Date ac | | | | | (d) Date sold (mo., day, yr.) |
| 1a | INVESTMENT CAPITAL GA | JN | | Debonation | | |
| b | | | | | | |
| с | | | | | | |
| d | | | | | | |
| е | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | other basis nse of sale | | ain or (loss) s (f) minus (g)) |
| а | 63,585,913 | | | | | 63,585,913 |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| е | | | | | | |
| | Complete only for assets sho | owing gain in column (h) and owned | by the foundation | on 12/31/69. | (I) Gains (C | ol. (h) gain minus |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | s of col. (i) . (j), if any | | ot less than -0-) or (from col. (h)) |
| а | | | | 0 | | 63,585,913 |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| е | | | | | | |
| 2 | Capital gain net income o | | also enter in Pa , enter -0- in Pa | | 2 | 63,585,913 |
| 3 | If gain, also enter in Part | n or (loss) as defined in sections I, line 8, column (c). See instru | ictions. If (loss) | , enter -0- in) | | |
| | , | | | , | 3 | 0 |
| Part | | d on Investment Income (Se | | | | uctions) |
| 1 a | | ons described in section 4940(d)(2) | | | | |
| b | | ations enter 1.39% (0.0139) of | line 27b. Exem | | nizations, | 1 961,486 |
| | | line 12, col. (b) | | | | |
| 2 | | mestic section 4947(a)(1) trusts a | ind taxable found | lations only; othe | | 2 |
| 3 | Add lines 1 and 2 | | | | | 3 961,486 |
| 4 | | mestic section 4947(a)(1) trusts a | | | · · · – | 4 |
| 5 | | nt income. Subtract line 4 from I | line 3. It zero or l | ess, enter -0 | | 5 961,486 |
| 6 | Credits/Payments: | | | | 1,815,390 | |
| a b | | ents and 2021 overpayment cre | | | 1,010,000 | |
| b | | ions-tax withheld at source . | | | | |
| c d | | for extension of time to file (Formeously withheld | , | | | |
| d 7 | | | | | | 7 1,815,390 |
| 8 | | lerpayment of estimated tax. Ch | | | | 8 |
| 9 | | es 5 and 8 is more than line 7, e | | | | 9 0 |
| 10 | | more than the total of lines 5 an | | | | 0 853,904 |
| 11 | | 0 to be: Credited to 2023 estim | | | | 1 0 |
| | | | | | | Form 990-PF (2022) |

| Form 99 | 0-PF (2022) | | F | Page 4 |
|---------|--|-------|-----|---------------|
| Part | VI-A Statements Regarding Activities | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | 1a | Yes | No V |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | 14 | | - |
| | instructions for the definition | 1b | | ~ |
| | If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | | |
| с | Did the foundation file Form 1120-POL for this year? | 1c | | ~ |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | 10 | | • |
| ŭ | (1) On the foundation. \$ 0 (2) On foundation managers. \$ 0 | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| - | on foundation managers. \$ 0 | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | ~ |
| | 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 | | | |
| | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . | 3 | | ~ |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | ~ | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | ~ | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | ~ |
| | If "Yes," attach the statement required by General Instruction T. | | | |
| 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 | ~ | |
| 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 | ~ | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | | | |
| b | DC, KS, VA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | |
| D | (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation | 8b | ~ | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | 00 | • | |
| 5 | 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," | | | |
| | | 9 | | ~ |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | |
| | names and addresses | 10 | | ~ |
| 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 STATEMENT 12 | 11 | ~ | |
| 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 | | ~ |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | ~ | |
| | Website address WWW.CHARLESKOCHFOUNDATION.ORG | | | |
| 14 | The books are in care of HENRICH HEUER Telephone no. (571) | 290-6 | 811 | |
| . – | Located at 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA ZIP+4 22 | 2203 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here | | | |
| 10 | and enter the amount of tax-exempt interest received or accrued during the year 15 | | X | |
| 16 | At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 40 | Yes | No |
| | | 16 | | ~ |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country | | | |
| | and folding roound y | | | |

| Par | t VI-B Statements Regarding Activities for Which Form 4720 May Be Required | | | Page |
|------|---|------------|-----|------|
| i ai | 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): | | 100 | |
| ia | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1a(1) | V | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified | | | |
| | person? | 1a(2) | | ~ |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | ~ | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | | |
| | (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) | | ~ |
| | (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) | | ~ |
| 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 | | ~ |
| 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 2022? | 1d | | ~ |
| 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 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for | | | |
| | tax year(s) beginning before 2022? | 2 a | | ~ |
| | If "Yes," list the years 20, 20, 20, 20, 20, | | | |
| 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. | | | |
| 3a | 20 , 20 , 20 , 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| Ja | during the year? | 3a | | v |
| | | Ja | | |
| b | If "Yes," did it have excess business holdings in 2022 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 2022.) | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable | | | |
| | purposes? | 4a | | ~ |
| h | 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 2022? | 4b | | V |

| Form 99 | Form 990-PF (2022) Page 6 | | | | | | | |
|---------|--|-------|------|----|--|--|--|--|
| Par | t VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) | | | | | | | |
| 5a | During the year, did the foundation pay or incur any amount to: | | Yes | No | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | 5a(1) | | ~ | | | | |
| | (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) | | ~ | | | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | 5a(3) | | ~ | | | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) | | | | | | | |
| | (4)(A)? See instructions | 5a(4) | ~ | | | | | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for | | | | | | | |
| | the prevention of cruelty to children or animals? | 5a(5) | | ~ | | | | |
| b | If any answer is "Yes" to 5a(1)–(5), did any 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 | 5b | | ~ | | | | |
| С | Organizations relying on a current notice regarding disaster assistance, check here | | | | | | | |
| d | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it | | | | | | | |
| | maintained expenditure responsibility for the grant? STATEMENT 13. | 5d | ~ | | | | | |
| | If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | | | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | | | | | |
| | benefit contract? | 6a | | ~ | | | | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 6b | | ~ | | | | |
| | If "Yes" to 6b, file Form 8870. | | | | | | | |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | 7a | | ~ | | | | |
| b | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . | 7b | | | | | | |
| 8 | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | |
| | excess parachute payment(s) during the year? | 8 | | ~ | | | | |
| Par | t VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En | nploy | ees, | | | | | |

and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---------------------------------------|
| BRIAN HOOKS 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | DIRECTOR, 1.0 | 0 | 0 | 0 |
| CHARLES CHASE KOCH 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | DIRECTOR/VICE CHAIRMAN, 1.0 | 0 | 0 | 0 |
| CHARLES G KOCH 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | DIRECTOR/CHA IRMAN, 1.0 | 0 | 0 | 0 |
| STATEMENT 14 | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1-see instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|--|---------------------------------------|
| BRETT HINKEY 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | DIR, PARTNERSHIPS, 50 | 248,030 | 44,486 | 0 |
| ALLISON KASIC 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | VICE PRESIDENT, 50 | 221,127 | 32,220 | 0 |
| BRENNAN BROWN 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | DIR, PARTNERSHIP DEV, 50 | 209,129 | 41,665 | 0 |
| ANDREW TONSING 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | DIR, POSTSECOND ED, 50 | 197,080 | 35,800 | 0 |
| STEPHEN SWEET 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | SR PROGRAM OFFICER, 50 | 181,321 | 39,514 | 0 |
| Total number of other employees paid over \$50,000 | | | | 22 |

| 3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." | | | | | | | |
|--|----------------------|-------------------|--|--|--|--|--|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation | | | | | |
| HRM FOUNDATION | SPONSORSHIP | 250.00 | | | | | |
| O BOX 79482, BALTIMORE, MD 21279 | | 250,00 | | | | | |
| COMMON GROUP LLC | RESEARCH SERVICES | 000 00 | | | | | |
| 853 WEBSTER ST, SAN FRANCISCO, CA 94115 | | 233,90 | | | | | |
| DELMAN | MEDIA SERVICES | 105,75 | | | | | |
| 00 E RANDOLPH DR, FLOOR 63, CHICAGO, IL 60601 | | 103,73 | | | | | |
| SV SUMMIT LLC | RESEARCH SERVICES | 55,00 | | | | | |
| 75 N MICHIGAN AVENUE, SUITE 3520, CHICAGO, IL 60611 | | 55,00 | | | | | |
| HE HANOVER RESEARCH COUNCIL LLC | RESEARCH SERVICES | 52,79 | | | | | |
| 401 WILSON BLVD, 9TH FLOORD, ARLINGTON, VA 22203 | | 52,75 | | | | | |
| tal number of others receiving over \$50,000 for professional ser | rvices | 0 | | | | | |
| art VIII-A Summary of Direct Charitable Activities | | | | | | | |
| List the foundation's four largest direct charitable activities during the tax year. organizations and other beneficiaries served, conferences convened, research pa | | Expenses | | | | | |
| 1 NONE | | | | | | | |
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| | | | | | | | |
| art VIII-B Summary of Program-Related Investments | s (see instructions) | | | | | | |
| Describe the two largest program-related investments made by the foundation du | | Amount | | | | | |
| 1 NONE | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 <u>NONE</u> | | | | | | | |
| | | | | | | | |
| All other pressure related investments. Cas instructions | | | | | | | |
| All other program-related investments. See instructions. | | | | | | | |
| 3 <u>NONE</u> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| otal. Add lines 1 through 3 | | | | | | | |
| | | Form 990-PF (2022 | | | | | |

| Form 99 | 90-PF (2022) | | Page 8 |
|------------|---|--------|--------------------|
| Part | | gn foi | undations, |
| | see instructions.) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 0 |
| b | Average of monthly cash balances | 1b | 56,575,477 |
| с | Fair market value of all other assets (see instructions) | 1c | 719,886,216 |
| d | Total (add lines 1a, b, and c) | 1d | 776,461,693 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | i |
| | 1c (attach detailed explanation). | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 776,461,693 |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see | | |
| | instructions) | 4 | 11,646,925 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 764,814,768 |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | 6 | 38,240,738 |
| Part | | ounda | |
| | and certain foreign organizations, check here and do not complete this part.) | | |
| 1 | Minimum investment return from Part IX, line 6 | 1 | 38,240,738 |
| 2 a | Tax on investment income for 2022 from Part V, line 5 | | |
| b | Income tax for 2022. (This does not include the tax from Part V.) 2b | | |
| с | Add lines 2a and 2b | 2c | 961,486 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 37,279,252 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 468,172 |
| 5 | Add lines 3 and 4 | 5 | 37,747,424 |
| 6 | Deduction from distributable amount (see instructions) | 6 | i |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, | | |
| | line 1 | 7 | 37,747,424 |
| Par | XI Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etctotal from Part I, column (d), line 26 | 1a | 69,081,520 |
| b | Program-related investments-total from Part VIII-B | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | 0 |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 69,081,520 |
| | | | Earm 000-DE (2022) |

| Part | XII Undistributed Income (see instruction | ons) | | | Fage J |
|--------|---|---------------|-----------------------------------|--------------------|--------------------|
| T di t | | (a) Corpus | (b) Years prior to 2021 | (c) 2021 | (d) 2022 |
| 1 | Distributable amount for 2022 from Part X, line 7 | | | | 37,747,424 |
| 2 | Undistributed income, if any, as of the end of 2022: | | | | |
| а | Enter amount for 2021 only | | | 0 | |
| b | Total for prior years: 20 <u>18</u> , 20 <u>19</u> , 20 <u>20</u> | | 0 | | |
| 3 | Excess distributions carryover, if any, to 2022: | | | | |
| а | From 2017 61,163,703 | _ | | | |
| b | From 2018 91,068,230 | - | | | |
| С | From 2019 | - | | | |
| d | From 2020 | - | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through e | 407,807,668 | | | |
| 4 | Qualifying distributions for 2022 from Part XI, line 4: \$ 69,081,520 | | | | |
| а | Applied to 2021, but not more than line 2a . | | | 0 | |
| b | Applied to undistributed income of prior years | | | | |
| | (Election required—see instructions) | | 0 | | |
| С | Treated as distributions out of corpus (Election required—see instructions) | 0 | | | |
| d | Applied to 2022 distributable amount | | | | 37,747,424 |
| е | Remaining amount distributed out of corpus | 31,334,096 | | | |
| 5 | Excess distributions carryover applied to 2022 | | | | |
| | (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | 0 |
| 6 | Enter the net total of each column as indicated below: | | | | |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 439,141,764 | | | |
| b | Prior years' undistributed income. Subtract line 4b from line 2b | | 0 | | |
| С | 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 | | 0 | | |
| e | Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount-see instructions | | | 0 | |
| f | Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023. | | | | 0 |
| 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) | 0 | | | |
| 8 | Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions). | 61,163,703 | | | |
| 9 | Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a | | | | |
| 10 | | 377,978,061 | | | |
| 10 | Analysis of line 9: Excess from 2018 91,068,230 | | | | |
| a b | | - | | | |
| b | Excess from 2019 | - | | | |
| C d | | - | | | |
| d | | - | | | |
| e | Excess from 2022 31,334,096 | | | | |

9

| Form 99 | 00-PF (2022) | | | | | Page 10 |
|------------|--|--|--------------------|-----------------------|------------------|--------------------|
| Part | XIII Private Operating Founda | itions (see instru | ctions and Part | VI-A, question 9) | | |
| 1 a | If the foundation has received a ruling foundation, and the ruling is effective for | 0 | | | | |
| b | Check box to indicate whether the fou | ndation is a private | operating founda | tion described in sec | tion 🗌 4942(j)(| 3) or 🗌 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| | income from Part I or the minimum investment return from Part IX for | (a) 2022 | (b) 2021 | (c) 2020 | (d) 2019 | (e) Total |
| | each year listed | | | | | |
| b | 85% (0.85) of line 2a | | | | | |
| С | 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 | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| а | "Assets" alternative test-enter: | | | | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test-enter $^{2}/_{3}$ | | | | | |
| | of minimum investment return shown in Part IX, line 6, for each year listed | | | | | |
| С | "Support" alternative test-enter: | | | | | |
| | Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 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 | | | | | |
| Part | | | | the foundation ha | d \$5,000 or mo | ore in assets at |
| | any time during the year- | see instruction | າຣ.) | | | |
| 1 | Information Regarding Foundation | | | | | |
| а | List any managers of the foundation before the close of any tax year (but of | | | | | by the foundation |
| CHAR | LES G KOCH, DIRECTOR AND CHMN | | | | | |
| | List any managers of the foundation ownership of a partnership or other e | | | | | ge portion of the |
| NONE | | <i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 5 | | |
| 2 | Information Regarding Contribution | n. Grant. Gift. Loa | n. Scholarship. e | etc Programs: | | |
| - | Check here if the foundation of unsolicited requests for funds. If the f complete items 2a, b, c, and d. See in | nly makes contrib oundation makes | outions to presele | ected charitable org | | |
| | The name, address, and telephone nu | umber or email ado | | | ons should be ad | dressed: |
| CHAR | LES KOCH FOUNDATION, 4201 WILSON | BLVD., SUITE 800, A | ARLINGTON, VA 22 | 2203, 571-290-6811 | | |
| b | The form in which applications should | d be submitted and | d information and | materials they shoul | d include: | |

| С | Any submission deadlines: |
|---|---------------------------|
|---|---------------------------|

NONE

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

SEE STATEMENT

10

| art XIV Supplementary Information (con | itinued) | | | |
|--|--|-------------------------|----------------------------------|------------------|
| 3 Grants and Contributions Paid During | the Year or Approve | ed for Future | e Payment | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | contribution | |
| Name and address (home or business) a Paid during the year TATEMENT 15 | or substantial contributor | recipient | | |
| Total | | | | 62,821 |
| Total | · · · · · · · · | · · · · · | 3 | a 62,831, |
| b Approved for future payment TATEMENT 16 | | | | |
| | | | | |
| | | | | |

| Pa | rt X | V-A Analysis of Income-Producing Act | tivities | | | | |
|--------|--------|---|-----------------------------|----------------------|------------------------------|----------------------|---|
| Ente | er gro | oss amounts unless otherwise indicated. | Unrelated bu | isiness income | Excluded by secti | on 512, 513, or 514 | (e) |
| 1 | Pro | ogram service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions.) |
| | а | | | | | | |
| | b | | | | | | |
| | С | | | | | | |
| | d | | | | | | |
| | е | | | | | | |
| | f | | | | | | |
| ~ | g | Fees and contracts from government agencies | | | | | |
| 2 | | embership dues and assessments | | | 14 | 70.522 | |
| 3 | | erest on savings and temporary cash investments vidends and interest from securities | | | 14 | 70,532 | |
| - 5 | | t rental income or (loss) from real estate: | | | | | |
| 5 | | Debt-financed property | | | | | |
| | | Not debt-financed property | | | | | |
| 6 | | t rental income or (loss) from personal property | | | | | |
| 7 | | her investment income | | | | | |
| 8 | | in or (loss) from sales of assets other than inventory | | | 18 | (617,500) | |
| 9 | | t income or (loss) from special events | | | | | |
| 10 | Gro | oss profit or (loss) from sales of inventory | | | | | |
| 11 | Otł | her revenue: a MISCELLANEOUS INCOME | | | 1 | 390,286 | |
| | b | GRANT RECOVERIES | | | | | 468,172 |
| | С | | | | | | |
| | d | | | | | | |
| | е | | | | | | |
| | | | | 0 | | (156,682) | |
| | | tal. Add line 12, columns (b), (d), and (e) | | | | 13 | 311,490 |
| | | rksheet in line 13 instructions to verify calculations V-B Relationship of Activities to the A | | ent of Exemp | t Purnoses | | |
| _ | e No | | - | - | - | l importantly to th | e accomplishment |
| | | of the foundation's exempt purposes (other than | | | | | |
| 1 | 1C | RETURN OF UNUSED GRANT FUNDS | | | | | |
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| | | | | | | | orm 990-PF (2022) |
| | | | | | | FC | лп ээс-г г (2022) |

12

| Form 990 |)-PF (2 | 022) | | | | | | | | | | Pa | age 13 |
|--------------|----------------|--|--|---|---------------------------------|------------------------|---------------------------------|-----------------|---------------|---------------------------------------|-------------------|-----------------|-----------------|
| Part | XVI | Information Organization | n Regarding Tra ons | nsfers to and Tra | nsactior | ns and F | Relationshi | ps W | ith N | loncha | ritable | e Exe | mpt |
| | in se orgar | ection 501(c) (o nizations? | ther than section | engage in any of the 501(c)(3) organization | tions) or | in sect | ion 527, rel | | | | | Yes | No |
| | | | • | | | | | | | | 1a(1) | | ~ |
| | | ther assets | | | | | | | | | 1a(2) | | V |
| b | Othe | r transactions: | | | | | | | | | | | |
| | (1) S | ales of assets to | a noncharitable ex | empt organization | | | | | | | 1b(1) | | ~ |
| | (2) P | urchases of asse | ets from a nonchari | table exempt organiz | ation . | | | | | | 1b(2) | | ~ |
| | (3) R | ental of facilities, | , equipment, or oth | er assets | | | | | | | 1b(3) | | ~ |
| | | | | | | | | | · · | · · | 1b(4) | | ~ |
| | | • | | | | | | | · · | • • | 1b(5) | | ~ |
| | | | | hip or fundraising so | | | | • • | • • | · · | 1b(6) | | ~ |
| | | - | | ists, other assets, or es," complete the fo | | - | | | | | 1c | f | ~ |
| | value value | e of the goods, or e in any transaction | ther assets, or serv on or sharing arrang | vices given by the re gement, show in colu | porting fo umn (d) th | undation le value d | . If the found of the goods, | dation other | recei asse | ived less ets, or se | s than ervices | fair m recei | narket ived. |
| (a) Line | no. (| (b) Amount involved | (c) Name of none | charitable exempt organiza | ation | (d) Desc | ription of transfe | ers, tran | sactior | ns, and sha | aring arra | angem | ents |
| | | | | | | | | | | | | | |
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| | desc | ribed in section 5 es," complete the | 501(c) (other than so following schedule | 1 | section 5 | | | ••• | · · | | ∠ Ye | es 🗌 |] No |
| 001/0 | | (a) Name of organ | ization | (b) Type of o | rganization | | | | | n of relatio | nship | | |
| | | | | 501(C)(4) | | | COMMON DI | | | | | | |
| MUSIC | | | | 501(C)(4) 501(C)(4) | | | COMMON DI | | | | | | |
| DELIE | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Sign | | | | led this return, including accor han taxpayer) is based on all | information of | | | | est of r | ny knowled May the I with the p | RS discu | iss this | return |
| Here | Sian | nature of officer or trus | stee | Date | | SONEN | | | — | See instru | | | |
| D _11 | L Ű | Print/Type preparer | | Preparer's signature | J . | | Date | | Charl | / | PTIN | | |
| Paid | | SHAWNELL LINC | | Sprind | Inat | \geq | 11/08/2 | 23 | | k 🔄 if mployed | P01 | 6639 | 38 |
| Prepa | | Firm's name | FORVIS, LLP | | | | | Firm's | EIN | | 44-016 | | |
| Use C | ліу | Firm's address | 1551 N WATERFR | RONT PKWY, STE 30 | 00 , WIC⊢ | IITA, KS | 67206-6601 | Phone | | (3 | 16) 265 | -2811 | |
| | | | | | | | | | | F | orm 99 | 0-PF | (2022) |

| | Department of the Treasury nternal Revenue Service | |
|---|---|---|
| N | Name of the organization | n |

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

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



48-0918408

CHARLES KOCH FOUNDATION

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 33¹/₃% 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 totaling \$5,000 or more during the year

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) (2022) |
|----------|---------|-------------|
|----------|---------|-------------|

Name of organization

CHARLES KOCH FOUNDATION

Page 2 Employer identification number 48-0918408

| Part I | Contributors (see instructions). Use duplicate co | pies of Part I if additional space is | needed. |
|------------|---|---------------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | CHARLES G. KOCH 1997 TRUST | | Person |
| | 4201 WILSON BLVD., SUITE 800 ARLINGTON, VA 22203 | \$ <u>38,498</u> | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | CHARLES HAMILTON | | Person 🗹 Payroll 🗌 |
| | 4201 WILSON BLVD, SUITE 800 ARLINGTON, VA 22203 | \$\$ | Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | STAND TOGETHER TRUST 4201 WILSON BLVD, SUITE 800 | | Person |
| | ARLINGTON, VA 22203 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for |
| | | | noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$\$ | Person□Payroll□Noncash□(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | PersonIPayrollINoncashI(Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

| Schedule B (Form 990) (2022) | Page 3 |
|------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| CHARLES KOCH FOUNDATION | 48-0918408 |

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** (See instructions.) Part I _____ \$ _____ (a) No. (c) (b) (d) from FMV (or estimate) Date received Description of noncash property given Part I (See instructions.) _____ \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) _____ \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) -----\$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) \$_____ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) _____ \$

Schedule B (Form 990) (2022)

Part II

| Schedule B (| (Form 990) (2022) | | | Page 4 | | |
|---------------------------|--------------------------------------|--|---|---|--|--|
| Name of or CHARLES | ganization KOCH FOUNDATION | | | Employer identification number 48-0918408 | | |
| Part III | (10) that total more than \$1,000 fo | or the year from any ations completing Pa he year. (Enter this ir | one contributo rt III, enter the to nformation once | described in section 501(c)(7), (8), or or. Complete columns (a) through (e) and otal of <i>exclusively</i> religious, charitable, etc., . See instructions.) \$ | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | |
| | | | | | | |
| _ | Transferee's name, address, a | | fer of gift Relat | tionship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| - | Transferee's name, address, a | | fer of gift Relat | gift Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | |
| | Transferee's name, address, a | tionship of transferor to transferee | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, a | | | tionship of transferor to transferee | | |

Supplemental Information. additional information (see instructions).

| Return Reference - Identifier | Explanation |
|---|--|
| FORM 990-PF, PART XIV, LINE 2B - FORM AND INFORMATION | 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. |
| FORM 990-PF, PART XIV, LINE 2D - RESTRICTIONS AND LIMITATIONS | THE CHARLES KOCH FOUNDATION SUPPORTS STUDENTS AND SCHOLARS PURSING RESEARCH AND EXPANDING EDUCATIONAL PROGRAMS THAT HELP PEOPLE REACH THEIR FULL POTENTIAL 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 INSUFFICIENTLY DETAILED OVERHEAD COSTS (E.G., A REQUIREMENT THAT A FIXED PERCENTAGE OF A GRANT AMOUNT BE DEDICATED TO GRANT ADMINISTRATION.) AND/OR INSUFFICIENTLY DETAILED OVERHEAD COSTS (E.G., A REQUIREMENT THAT A FIXED PERCENTAGE OF A GRANT AMOUNT BE DEDICATED TO GRANT ADMINISTRATION.) |

Statement #1: Part I, Line 6a

Net gain or (loss) from sale of assets

| Name | Date Acquired | How Acquired | Date Sold | Purchaser Name | Gross Sales Price | Basis | Basis Method | Accumulated Depreciation | Sales Expense | Total (net) |
|-----------|---------------|--------------|-----------|-------------------|----------------------|-----------|--------------|-----------------------------|---------------|-------------|
| (1) STVL3 | | Purchase | | CKF | 682,500 | 1,300,000 | | | | (617,500) |
| Total | | | | | 682,500 | 1,300,000 | | 0 | 0 | (617,500) |

Statement #2: Part I, Line 11

Other income

| Description | (a) Revenue and expenses | (b) Net investment income | (c) Adjusted net income |
|--------------------------------------|--------------------------|---------------------------|-------------------------|
| (1) OTHER INCOME - MISCELLANEOUS | 388,286 | 0 | 0 |
| (2) OTHER INCOME - GRANT RECOVERIES | 468,172 | 0 | 0 |
| (3) INVESTMENTS - OTHER INCOME | 0 | 24,735,868 | 0 |
| (4) INVESTMENTS - RENTAL INCOME/LOSS | 0 | (1,401,296) | 0 |
| TOTAL | 856,458 | 23,334,572 | 0 |

| Statement #3: Part I, Line 16a | Legal fees |
|--------------------------------|------------|
| | |

| Description | (a) Revenue and expenses | (b) Net investment income | (c) Adjusted net income | (d) Charitable disbursements |
|----------------|--------------------------|---------------------------|-------------------------|------------------------------|
| (1) LEGAL FEES | 532 | 0 | 0 | 532 |
| TOTAL | 532 | 0 | 0 | 532 |

| Description | (a) Revenue and expenses | (b) Net investment income | (c) Adjusted net income | (d) Charitable disbursements |
|---------------------------------------|--------------------------|---------------------------|-------------------------|------------------------------|
| (1) ACCOUNTING FEES - FORM 990- PF | 42,037 | 4,204 | 0 | 37,833 |
| (2) ACCOUNTING FEES - FORM 990-T | 4,671 | 0 | 0 | 0 |
| TOTAL | 46,708 | 4,204 | 0 | 37,833 |

Statement #5: Part I, Line 16c

Other professional fees

| Description | (a) Revenue and expenses | (b) Net investment income | (c) Adjusted net income | (d) Charitable disbursements |
|-------------------------------------|--------------------------|---------------------------|-------------------------|------------------------------|
| (1) PROFESSIONAL CONSULTING FEES | 319,229 | 0 | 0 | 319,229 |
| TOTAL | 319,229 | 0 | 0 | 319,229 |

| Statement #6: Part I, Line 18 | Taxes | |
|-------------------------------|-------|--|
| | | |

| Description | (a) Revenue and expenses | (b) Net investment income | (c) Adjusted net income | (d) Charitable disbursements |
|------------------------------|--------------------------|---------------------------|-------------------------|------------------------------|
| (1) INVESTMENT FOREIGN TAXES | 0 | 304,664 | 0 | 0 |
| (2) INVESTMENT EXCISE TAXES | 2,407,301 | 0 | 0 | 0 |
| (3) PROPERTY TAXES | 132 | 0 | 0 | 132 |
| (4) PAYROLL TAXES | 283,370 | 0 | 0 | 283,370 |
| TOTAL | 2,690,803 | 304,664 | 0 | 283,502 |

Statement #7: Part I, Line 23

Other expenses

| Description | (a) Revenue and expenses | (b) Net investment income | (c) Adjusted net income | (d) Charitable disbursements |
|------------------------------|--------------------------|---------------------------|-------------------------|------------------------------|
| (1) SUPPLIES | 9,699 | 0 | 0 | 9,699 |
| (2) DUES/LICENSES | 8,989 | 0 | 0 | 8,989 |
| (3) INVESTMENTS - CHARITABLE | 0 | 0 | 0 | 13,071 |
| (4) INVESTMENT EXPENSES | 0 | 22,592,527 | 0 | 0 |
| (5) POSTAGE & DELIVERY | 831 | 0 | 0 | 831 |
| (6) TELECOMMUNICATION | 489 | 0 | 0 | 489 |
| (7) ADVERTISING & PROMOTION | 162,050 | 0 | 0 | 161,150 |
| (8) BAD DEBT EXPENSE | 492 | 0 | 0 | 0 |
| (9) BANK FEES | 4,924 | 4,924 | 0 | 0 |
| (10) INSURANCE | 753 | 0 | 0 | 753 |
| TOTAL | 188,227 | 22,597,451 | 0 | 194,982 |

Statement #8: Part II, Line 11

Investments - Land, Buildings, and Equipment (continued)

| Description of Investment | BOY Book Value | EOY Cost or Other Basis | EOY Accumulated Depreciation | EOY Book Value | FMV Amount |
|---------------------------|----------------|----------------------------|---------------------------------|----------------|------------|
| LAND | 1,450,000 | 1,840,000 | 0 | 1,840,000 | 1,840,000 |
| TOTAL | 1,450,000 | 1,840,000 | 0 | 1,840,000 | 1,840,000 |

| Description | Туре | BOY Amount | EOY Amount | Fair Market Value |
|------------------|-----------------------------|-------------|-------------|-------------------|
| PASSIVE FUND III | END OF YEAR MARKET VALUE | 717,236,216 | 738,655,923 | 738,655,923 |
| PASSIVE FUND IX | END OF YEAR MARKET VALUE | 450,000 | 0 | 0 |
| TOTAL | | 717,686,216 | 738,655,923 | 738,655,923 |

| Description | BOY Amount | EOY Amount |
|---------------------------|------------|------------|
| INCOME TAX PAYABLE | 0 | 2,525,000 |
| SHORT TERM LINE OF CREDIT | 0 | 100,000 |
| TOTAL | 0 | 2,625,000 |

| Statement #7 | 11: | Part | Ш, | Line 3 | } |
|--------------|-----|------|----|--------|---|
|--------------|-----|------|----|--------|---|

Other Increases

| Description | Amount |
|-----------------------------|------------|
| (1) UNREALIZED GAINS/LOSSES | 48,419,708 |
| TOTAL | 48,419,708 |

Statement #12: Part VI, Section A, Line 11

Statement of Information Regarding Transfer To/From a Controlled Entity (continued)

| Name | Address | EIN | Transfer to/From | Amount | Description | Excess Business Holding |
|------------------|--|----------------|------------------|------------|--|----------------------------|
| PASSIVE FUND II | P.O. BOX 5004, WICHITA, KS 67201 | 47- 2537421 | FROM | 36,235,309 | DISTRIBUTIONS FROM DOMESTIC PASSIVE INVESTMENT | NO |
| PASSIVE FUND III | P.O. BOX 5004, WICHITA, KS 67201 | 85- 1484620 | FROM | 27,000,000 | DISTRIBUTIONS FROM DOMESTIC PASSIVE INVESTMENT | NO |
| PASSIVE FUND IX | 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | 85- 2667830 | то | 850,000 | CAPITAL CONTRIBUTIONS TO DOMESTIC PASSIVE INVESTMENT | NO |

| Identifier | Description |
|---------------------------|---|
| Grantee Name | UNIVERSITY OF ST ANDREWS |
| Grantee Address | STUDENT'S UNION BUILDING, ST. ANDREWS, FIFE, KY169UZ, UK |
| Grant Date | 10/25/22 |
| Grant Amount | 5,000 |
| Grant Purpose | GENERAL OPERATING SUPPORT |
| Amount Expended | 5,000 |
| Any Diversion By Grantee? | NO |
| Dates of Reports | 10/27/2023 - FULL REPORT OF ALL EXPENDITURES |
| Verification Date | |
| Results | 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. |

| Identifier | Description |
|---------------------------|---|
| Grantee Name | KING'S COLLEGE - LONDON |
| Grantee Address | KING'S COLLEGE LONDON, STRAND, LONDON, WC2R 2LS, UK |
| Grant Date | 03/23/22 |
| Grant Amount | 5,000 |
| Grant Purpose | GENERAL OPERATING SUPPORT |
| Amount Expended | 1,155 |
| Any Diversion By Grantee? | NO |
| Dates of Reports | 2/14/2023 - PARTIAL REPORT OF EXPENDITURES TO DATE |
| Verification Date | |
| Results | 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. |

| Identifier | Description |
|---------------------------|---|
| Grantee Name | UNIVERSITY OF SURREY |
| Grantee Address | STAG HILL, GUILDFORD, GU2 7XH, UK |
| Grant Date | 04/09/20 |
| Grant Amount | 18,267 |
| Grant Purpose | RESEARCH SUPPORT |
| Amount Expended | 0 |
| Any Diversion By Grantee? | NO |
| Dates of Reports | UNKNOWN - PARTIAL REPORT OF ALL EXPENDITURES |
| Verification Date | |
| Results | 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. |

| Identifier | Description |
|---------------------------|---|
| Grantee Name | TECHNOLOGY POLICY INSTITUTE |
| Grantee Address | 409 12TH STREET SW, SUITE 700, WASHINGTON, DC 20024 |
| Grant Date | 12/17/19 |
| Grant Amount | 230,000 |
| Grant Purpose | PROGRAM SUPPORT |
| Amount Expended | 65,000 |
| Any Diversion By Grantee? | NO |
| Dates of Reports | 05/25/2022 - PARTIAL REPORT OF EXPENDITURES TO DATE |
| Verification Date | |
| Results | 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. |

| Identifier | Description |
|---------------------------|---|
| Grantee Name | COUNCIL ON INTEGRITY RESULTS REPORTING |
| Grantee Address | 1519 OAKWOOD AV., HIGHLAND PARK, IL 60035 |
| Grant Date | 02/03/20 |
| Grant Amount | 187,000 |
| Grant Purpose | PROGRAMMING SUPPORT |
| Amount Expended | 151,913 |
| Any Diversion By Grantee? | NO |
| Dates of Reports | 5/23/2021 - PARTIAL REPORT OF EXPENDITURES TO DATE |
| Verification Date | |
| Results | THE ORGANIZATION HAS REQUESTED EXPENDITURE RESPONSIBILITY REPORTING. AS OF THIS FILING, THE ORGANIZATION HAS BEEN UNABLE TO OBTAIN A FINAL REPORT. THE ORGANIZATION IS TAKING REASONABLE STEPS TO OBTAIN A REPORT FROM THE GRANTEE; HOWEVER THE GRANTEE HAS CEASED OPERATIONS. THEREFORE, THE ORGANIZATION WILL WITHHOLD ALL FUTURE GRANTS. |

| Identifier | Description |
|---------------------------|---|
| Grantee Name | UNIVERSITY OF VIENNA |
| Grantee Address | UNIVERSITATSRING 1 A-1010, VIENNA, AU |
| Grant Date | 01/11/19 |
| Grant Amount | 182,000 |
| Grant Purpose | RESEARCH SUPPORT |
| Amount Expended | 102,740 |
| Any Diversion By Grantee? | NO |
| Dates of Reports | 07/16/2022 - PARTIAL REPORT OF EXPENDITURES TO DATE |
| Verification Date | |
| Results | 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. |

| Identifier | Description |
|------------------------------|---|
| Grantee Name | PUBLIC CHOICE SOCIETY |
| Grantee Address | 224C FORSYTH, COLLEGE OF BUSINESS, CULLOWHEE, NC 28723 |
| Grant Date | 12/20/19 |
| Grant Amount | 44,000 |
| Grant Purpose | PROGRAMMING SUPPORT |
| Amount Expended | 4,500 |
| Any Diversion By Grantee? | |
| Dates of Reports | UNKNOWN - PARTIAL REPORT OF EXPENDITURES TO DATE |
| Verification Date | |
| Results | 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. |

| Identifier | Description |
|---------------------------|---|
| Grantee Name | UNIVERSITY OF BIRMINGHAM |
| Grantee Address | EDGBASTON, BIRMINGHAM, B15 2TT, UK |
| Grant Date | 04/23/20 |
| Grant Amount | 32,500 |
| Grant Purpose | TRAVEL RESEARCH SUPPORT |
| Amount Expended | 0 |
| Any Diversion By Grantee? | NO |
| Dates of Reports | 04/05/2022 - PARTIAL REPORT OF EXPENDITURES TO DATE |
| Verification Date | |
| Results | 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. |

| Identifier | Description |
|-----------------|------------------------------------|
| Grantee Name | UNIVERSITY OF BIRMINGHAM |
| Grantee Address | EDGBASTON, BIRMINGHAM, B15 2TT, UK |

| Identifier | Description |
|---------------------------|---|
| Grant Date | 05/17/21 |
| Grant Amount | 50,000 |
| Grant Purpose | TRAVEL AND RESEARCH SUPPORT |
| Amount Expended | 19,985 |
| Any Diversion By Grantee? | NO |
| Dates of Reports | 01/27/2023 - PARTIAL REPORT OF EXPENDITURES TO DATE |
| Verification Date | |
| Results | 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. |

| Identifier | Description |
|------------------------------|---|
| Grantee Name | TECHNOLOGY POLICY INSTITUTE |
| Grantee Address | 409 12TH STREET SW, SUITE 700, WASHINGTON, DC 20024 |
| Grant Date | 05/11/18 |
| Grant Amount | 162,500 |
| Grant Purpose | GENERAL OPERATING SUPPORT |
| Amount Expended | 90,658 |
| Any Diversion By Grantee? | NO |
| Dates of Reports | 04/26/2022 - PARTIAL REPORT OF EXPENDITURES TO DATE |
| Verification Date | |
| Results | 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. |

| Identifier | Description |
|---------------------------|---|
| Grantee Name | BRG INSTITUTE |
| Grantee Address | 2200 POWELL STREET, SUITE 1200, EMERYVILLE, CA 94608 |
| Grant Date | 10/15/20 |
| Grant Amount | 475,000 |
| Grant Purpose | GENERAL OPERATING SUPPORT |
| Amount Expended | 346,703 |
| Any Diversion By Grantee? | NO |
| Dates of Reports | 03/31/2022 - PARTIAL REPORT OF EXPENDITURES TO DATE |
| Verification Date | |
| Results | 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. |

List all officers, directors, trustees, foundation managers and their compensation (continued)

| Name | Address | Title, and average hours per week devoted to position | Compensation (If not paid, enter -0-) | Contributions to employee benefit plans and deferred compensation | Expense account, other allowances |
|-------------------|--|---|---------------------------------------|--|-----------------------------------|
| DALE GIBBENS | 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | DIRECTOR, 1.0 | 0 | 0 | 0 |
| DAVE ROBERTSON | 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | DIRECTOR, 1.0 | 0 | 0 | 0 |
| ELIZABETH B KOCH | 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | DIRECTOR, 1.0 | 0 | 0 | 0 |
| BRIAN MENKES | 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | SECRETARY, 1.0 | 0 | 0 | 0 |
| JONATHAN FRANKLIN | 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | CHIEF OPERATING OFFICER, 50.0 | 266,684 | 39,426 | 0 |
| KARA HARTNETT | 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | TREASURER, 1.0 | 0 | 0 | 0 |
| RYAN STOWERS | 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 | EXECUTIVE DIRECTOR, 50.0 | 368,750 | 48,525 | 0 |

Statement #15: Part XIV, Line 3a

| Name and Address | Relationship | Foundation status | Purpose | Amount |
|---|--------------|----------------------|---------------------------|-----------|
| VANDERBILT UNIVERSITY #90 230 APPLETON PL NASHVILLE, TN 37203-5701 | NONE | PC | GENERAL OPERATING SUPPORT | 75,000 |
| CHRISTOPHER NEWPORT UNIVERSITY EDUCATION FOUNDATION 1 AVENUE OF THE ARTS NEWPORT NEWS, VA 23606 | NONE | PC | GENERAL OPERATING SUPPORT | 45,000 |
| HAMPDEN-SYDNEY COLLEGE 1 COLLEGE ROAD HAMPDEN SYDNEY, VA 23943 | NONE | PC | GENERAL OPERATING SUPPORT | 23,000 |
| DEFENSE PRIORITIES FOUNDATION 1 THOMAS CIRCLE NW SUITE 700 WASHINGTON, DC 20005 | NONE | PC | EDUCATIONAL PROGRAMS | 24,000 |
| CHAPMAN UNIVERSITY 1 UNIVERSITY DR ORANGE, CA 92866 | NONE | PC | GENERAL OPERATING SUPPORT | 1,930,000 |
| WEST VIRGINIA UNIVERSITY FOUNDATION 1 WATERFRONT PLACE 7TH FLOOR MORGANTOWN, WV 26507 | NONE | PC | GENERAL OPERATING SUPPORT | 1,085,000 |
| COUNCIL ON ADULT AND EXPERIENTIAL LEARNING 10 WEST MARKET STREET INDIANAPOLIS, IN 46204 | NONE | PC | GENERAL OPERATING SUPPORT | 406,500 |
| GROVE CITY COLLEGE 100 CAMPUS DR GROVE CITY, PA 16127 | NONE | PC | GENERAL OPERATING SUPPORT | 49,500 |
| NORTHERN KENTUCKY UNIVERSITY FOUNDATION 100 NUNN DRIVE LAC SUITE 822 HIGHLAND HEIGHTS, KY 41099 | NONE | PC | GENERAL OPERATING SUPPORT | 34,000 |
| ST. ANSELM COLLEGE 100 SAINT ANSELM DR MANCHESTER, NH 03102 | NONE | PC | GENERAL OPERATING SUPPORT | 185,000 |
| CATO INSTITUTE 1000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001 | NONE | PC | EDUCATIONAL PROGRAMS | 34,285 |
| REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR VIRGINIA BEACH, VA 23464-9800 | NONE | PC | GENERAL OPERATING SUPPORT | 12,500 |
| MAKE SAFE TECH 1003 HARVEY RD SUITE 200 COLLEGE STATION, TX 77840 | NONE | PC | EDUCATIONAL PROGRAMS | 6,000 |
| UNIVERSITY OF KENTUCKY 101 MAIN BUILDING LEXINGTON, KY 40506 | NONE | GOV | GENERAL OPERATING SUPPORT | 892,144 |
| UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL LINCOLN, NE 68508 | NONE | PC | GENERAL OPERATING SUPPORT | 452,178 |
| RIVET SCHOOL 1015 MACDONALD AVE RICHMOND, CA 94801 | NONE | PC | GENERAL OPERATING SUPPORT | 28,500 |
| CENTER FOR THE NATIONAL INTEREST 1025 CONNECTICUT AVENUE, NW SUITE 1200 WASHINGTON, DC 20036 | NONE | PC | EDUCATIONAL PROGRAMS | 13,741 |
| UNIVERSITY OF WISCONSIN- EAU CLAIRE FOUNDATION 105 GARFIELD AVE EAU CLAIRE, WI 54701 | NONE | PC | GENERAL OPERATING SUPPORT | 76,000 |
| R STREET INSTITUTE 1050 17TH STREET NW SUITE 1150 WASHINGTON, DC 20036 | NONE | PC | EDUCATIONAL PROGRAMS | 7,117 |

| Name and Address | Relationship | Foundation status | Purpose | Amount |
|---|--------------|----------------------|---------------------------|---------|
| FAIRFIELD UNIVERSITY 1073 NORTH BENSON ROA FAIRFIELD, CT 06824 | NONE | PC | GENERAL OPERATING SUPPORT | 15,000 |
| LEE UNIVERSITY 1120 N OCOEE ST CLEVELAND, TN 37320 | NONE | PC | GENERAL OPERATING SUPPORT | 31,000 |
| TROY UNIVERSITY FOUNDATION 1120 US HWY 231 TROY, AL 36082 | NONE | PC | GENERAL OPERATING SUPPORT | 110,000 |
| EDUCATION DESIGN LAB 1200 18TH ST NW SUITE 710 WASHINGTON, DC 20036 | NONE | PC | GENERAL OPERATING SUPPORT | 342,000 |
| GEORGETOWN UNIVERSITY 1200 WESTLAKE AVE N SUITE 704 SEATTLE, WA 98109 | NONE | PC | GENERAL OPERATING SUPPORT | 71,547 |
| ATLAS NETWORK 1201 L STREET NW 2ND FLOOR WASHINGTON, DC 20005 | NONE | PC | EDUCATIONAL PROGRAMS | 8,358 |
| MIKEROWEWORKS FOUNDATION 1207 4TH ST PH 3 SANTA MONICA, CA 90401 | NONE | PC | GENERAL OPERATING SUPPORT | 125,000 |
| ARMY WAR COLLEGE FOUNDATION 122 FORBES AVENUE CARLISLE, PA 17013-5234 | NONE | PC | GENERAL OPERATING SUPPORT | 15,000 |
| NEW CIVIL LIBERTIES ALLIANCE 1225 19TH STREET NW SUITE 450 WASHINGTON, DC 20036 | NONE | PC | EDUCATIONAL PROGRAMS | 7,880 |
| NORTH DAKOTA STATE UNIVERSITY FOUNDATION AND ALUMNI ASSOCIATION 1241 NORTH UNIVERSITY DRIVE FARGO, ND 58102 | NONE | PC | GENERAL OPERATING SUPPORT | 118,000 |
| UNIVERSITY OF MIAMI 1306 STANFORD DR CORAL GABLES, FL 33124-6930 | NONE | PC | GENERAL OPERATING SUPPORT | 12,000 |
| BRIDGEWATER STATE UNIVERSITY 131 SUMMER ST BRIDGEWATER, MA 02325 | NONE | GOV | GENERAL OPERATING SUPPORT | 11,850 |
| EURASIA GROUP FOUNDATION 1320 N COURTHOUSE ROAD SUITE 500 ARLINGTON, VA 22201 | NONE | PC | EDUCATIONAL PROGRAMS | 5,750 |
| JOHN QUINCY ADAMS SOCIETY 1320 N COURTHOUSE ROAD SUITE 500 ARLINGTON, VA 22201 | NONE | PC | EDUCATIONAL PROGRAMS | 10,625 |
| TECHFREEDOM 1320 N COURTHOUSE ROAD SUITE 500 ARLINGTON, VA 22201 | NONE | PC | EDUCATIONAL PROGRAMS | 23,038 |
| ADVANCEEDU 1391 SPEER BLVD DENVER, CO 80204 | NONE | PC | GENERAL OPERATING SUPPORT | 250,000 |
| COMPETENCY-BASED EDUCATION NETWORK INC 1417 HANSON DRIVE FRANKLIN, TN 37067 | NONE | PC | GENERAL OPERATING SUPPORT | 65,000 |
| OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43221 | NONE | PC | GENERAL OPERATING SUPPORT | 375,000 |
| BOSTON COLLEGE 15 HIGHLAND ST WESTON, MA 02493 | NONE | PC | GENERAL OPERATING SUPPORT | 25,000 |
| CLAREMONT GRADUATE UNIVERSITY 150 E 10TH ST CLAREMONT, CA 91711 | NONE | PC | GENERAL OPERATING SUPPORT | 667,420 |
| MERCER UNIVERSITY 1501 MERCER UNIVERSITY DRIVE | NONE | PC | GENERAL OPERATING SUPPORT | 18,588 |

| Name and Address | Relationship | Foundation status | Purpose | Amount |
|---|--------------|----------------------|---------------------------|-----------|
| MACON, GA 31207 | | | | |
| METROPOLITAN STATE UNIVERSITY DENVER FOUNDATION 1512 LARIMER STREET, SUITE 900 | NONE | PC | GENERAL OPERATING SUPPORT | 12,500 |
| CAMPUS BOX 14, PO BOX 173362 DENVER, CO 80217-8424 | | | | |
| OHIO STATE UNIVERSITY 154 W 12TH AVE COLUMBUS, OH 43210 | NONE | GOV | GENERAL OPERATING SUPPORT | 28,200 |
| TGR FOUNDATION 15440 LAGUNA CANYON ROAD IRVINE, CA 92618 | NONE | PC | GENERAL OPERATING SUPPORT | 370,000 |
| CLEMSON UNIVERSITY FOUNDATION 155 OLD GREENVILLE HWY SUITE 105 CLEMSON, SC 29631 | NONE | PC | GENERAL OPERATING SUPPORT | 367,658 |
| SOUTHWEST BAPTIST UNIVERSITY 1600 UNIVERSITY AVE BOLIVAR, MO 65613 | NONE | PC | GENERAL OPERATING SUPPORT | 16,820 |
| U.S. CHAMBER OF COMMERCE FOUNDATION 1615 H ST NW WASHINGTON, DC 20062 | NONE | PC | GENERAL OPERATING SUPPORT | 1,923,500 |
| UNIVERSITY OF CHICAGO 1643 W. BERWYN CHICAGO, IL 60640 | NONE | PC | GENERAL OPERATING SUPPORT | 400,000 |
| NACDL FOUNDATION FOR CRIMINAL JUSTICE 1660 L STREET, NW 12TH FLOOR WASHINGTON, DC 20036 | NONE | PC | EDUCATIONAL PROGRAMS | 14,000 |
| SOCIETY FOR HUMAN RESOURCE MANAGEMENT FOUNDATION 1800 DUKE STREET ALEXANDRIA, VA 22314 | NONE | PC | GENERAL OPERATING SUPPORT | 410,000 |
| UNITED NEGRO COLLEGE FUND INC 1805 7TH STREET, NW WASHINGTON, DC 20001 | NONE | PC | GENERAL OPERATING SUPPORT | 1,703,301 |
| WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT CAMPUS BOX 2 WICHITA, KS 67260 | NONE | PC | GENERAL OPERATING SUPPORT | 1,312,000 |
| UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726-4090 | NONE | PC | GENERAL OPERATING SUPPORT | 328,312 |
| NEW YORK UNIVERSITY 19 W 4TH ST NEW YORK, NY 10012 | NONE | PC | GENERAL OPERATING SUPPORT | 3,041,680 |
| THINK FREELY MEDIA 190 S. LASALLE ST SUITE 1500 CHICAGO, IL 60603 | NONE | PC | EDUCATIONAL PROGRAMS | 4,462 |
| SKILLS FOR CHICAGOLAND'S FUTURE 191 N WACKER DR SUITE 1150 CHICAGO, IL 60606 | NONE | PC | GENERAL OPERATING SUPPORT | 250,000 |
| CAIRN UNIVERSITY 200 MANOR AVENUE LANGHORNE, PA 19047 | NONE | PC | GENERAL OPERATING SUPPORT | 60,000 |
| COLLEGE OF NEW JERSEY FOUNDATION 2000 PENNINGTON RD EWING, NJ 08628-0718 | NONE | PC | GENERAL OPERATING SUPPORT | 6,500 |
| QUINCY INSTITUTE FOR RESPONSIBLE STATECRAFT 2000 PENNSYLVANIA AVE NW #7000 WASHINGTON, DC 20006 | NONE | PC | EDUCATIONAL PROGRAMS | 14,367 |
| EMORY UNIVERSITY | NONE | PC | GENERAL OPERATING SUPPORT | 90,000 |
| | I | | | 50,000 |

| Name and Address | Relationship | Foundation status | Purpose | Amount |
|--|--------------|----------------------|---------------------------|-----------|
| 201 DOWMAN DR ATLANTA, GA 30322 | | | | |
| UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE RM 411 SALT LAKE CITY, UT 84112 | NONE | PC | GENERAL OPERATING SUPPORT | 30,000 |
| CLEMSON UNIVERSITY 201 SIKES HALL CLEMSON, SC 29634-1301 | NONE | GOV | GENERAL OPERATING SUPPORT | 315,000 |
| FLORIDA STATE UNIVERSITY FOUNDATION 2010 LEVY AVENUE B-300 PO BOX 3062739 TALLAHASSEE, FL 32306-2739 | NONE | PC | GENERAL OPERATING SUPPORT | 190,800 |
| UNIVERSITY OF TEXAS AT AUSTIN 2110 SPEEDWAY MAIL STOP B6006 GSB 5.175J AUSTIN, TX 78712 | NONE | GOV | GENERAL OPERATING SUPPORT | 49,000 |
| VELA EDUCATION FUND 2200 WILSON BLVD #162 ARLINGTON, VA 22201 | NONE | PC | GENERAL OPERATING SUPPORT | 300,000 |
| ROANOKE COLLEGE 221 COLLEGE LN SALEM, VA 24153 | NONE | PC | GENERAL OPERATING SUPPORT | 1,200 |
| UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION 2215 S BROOK ST LOUISVILLE, KY 40208 | NONE | PC | GENERAL OPERATING SUPPORT | 15,000 |
| KANSAS STATE UNIVERSITY FOUNDATION 2323 ANDERSON AVE SUITE 500 MANHATTAN, KS 66502 | NONE | PC | GENERAL OPERATING SUPPORT | 550,000 |
| TEXAS A&M FOUNDATION 241 WISENBAKER ENGINEERING RESEARCH COLLEGE STATION, TX 77843- 3126 | NONE | PC | GENERAL OPERATING SUPPORT | 983,116 |
| PRINCETON UNIVERSITY 244 CORWIN HALL PRINCETON, NJ 08544 | NONE | PC | GENERAL OPERATING SUPPORT | 5,210 |
| WEST TEXAS A&M UNIVERSITY 2501 4TH AVENUE CANYON, TX 79016 | NONE | GOV | GENERAL OPERATING SUPPORT | 5,000 |
| CEDARVILLE UNIVERSITY 251 N. MAIN ST. CEDARVILLE, OH 45314 | NONE | PC | GENERAL OPERATING SUPPORT | 22,500 |
| MALONE UNIVERSITY 2600 CLEVELAND AVE. NW CANTON, OH 44709 | NONE | PC | GENERAL OPERATING SUPPORT | 14,350 |
| NORTH CAROLINA STATE UNIVERSITY 2801 FOUNDERS DR 4102 NELSON HALL RALEIGH, NC 27695-7229 | NONE | GOV | GENERAL OPERATING SUPPORT | 19,000 |
| SAINT VINCENT COLLEGE 300 FRASER PURCHASE RD LATROBE, PA 15650 | NONE | PC | GENERAL OPERATING SUPPORT | 30,000 |
| UNIVERSITY OF NEW HAVEN 300 ORANGE AVE WEST HAVEN, CT 06516-1916 | NONE | PC | GENERAL OPERATING SUPPORT | 26,500 |
| WASHINGTON COLLEGE 300 WASHINGTON AVE CHESTERTOWN, MD 21620 | NONE | PC | GENERAL OPERATING SUPPORT | 39,750 |
| INDIANA UNIVERSITY FOUNDATION 301 UNIVERSITY BOULEVARD SUITE 1031 INDIANAPOLIS, IN 46202 | NONE | PC | GENERAL OPERATING SUPPORT | 1,010,834 |
| MODIANAF OLIS, IN 40202 MONTANA STATE UNIVERSITY 307D LINFIELD HALL BOZEMAN, MT 59717-0292 | NONE | GOV | GENERAL OPERATING SUPPORT | 359,495 |
| ANDERSON UNIVERSITY (SC) 316 BOULEVARD ANDERSON, SC 29621 | NONE | PC | GENERAL OPERATING SUPPORT | 8,100 |

| Name and Address | Relationship | Foundation status | Purpose | Amount |
|--|--------------|----------------------|---------------------------|-----------|
| UNIVERSITY OF ROCHESTER 317 LATTIMORE HALL PO BOX 270401 ROCHESTER, NY 14627-0401 | NONE | PC | GENERAL OPERATING SUPPORT | 40,000 |
| NORTH PARK UNIVERSITY 3225 W. FOSTER AVE. CHICAGO, IL 60625 | NONE | PC | GENERAL OPERATING SUPPORT | 21,000 |
| HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE, MI 49242 | NONE | PC | GENERAL OPERATING SUPPORT | 55,000 |
| STEVENS INSTITUTE OF TECHNOLOGY 330 MORTON HALL HOBOKEN, NJ 07030 | NONE | PC | GENERAL OPERATING SUPPORT | 104,000 |
| BOWLING GREEN STATE UNIVERSITY 333 SHATZEL HALL BOWLING GREEN, OH 43403-0001 | NONE | GOV | GENERAL OPERATING SUPPORT | 305,000 |
| KENNESAW STATE UNIVERSITY FOUNDATION, INC. 3391 TOWN POINT DRIVE SUITE 4530/MAIL DROP 9101 KENNESAW, GA 30144 | NONE | PC | GENERAL OPERATING SUPPORT | 465,667 |
| CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA, NY 14850 | NONE | PC | GENERAL OPERATING SUPPORT | 480,320 |
| INSTITUTE FOR HUMANE STUDIES 3434 WASHINGTON BLVD. MS 1C5 ARLINGTON, VA 22201 | NONE | PC | GENERAL OPERATING SUPPORT | 5,500,000 |
| INSTITUTE FOR HUMANE STUDIES 3434 WASHINGTON BLVD. MS 1C5 ARLINGTON, VA 22201 | NONE | PC | GENERAL OPERATING SUPPORT | 410,000 |
| UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST WYNNEWOOD, PA 19104 | NONE | PC | GENERAL OPERATING SUPPORT | 303,902 |
| JOHNS HOPKINS UNIVERSITY 347 GILMAN HALL BALTIMORE, MD 21218 | NONE | PC | GENERAL OPERATING SUPPORT | 817,012 |
| CENTER FOR GROWTH AND OPPORTUNITY 3525 OLD MAIN HALL LOGAN, UT 84322 | NONE | PC | GENERAL OPERATING SUPPORT | 625,000 |
| NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115 | NONE | PC | GENERAL OPERATING SUPPORT | 25,000 |
| BRIGID'S PATH 3601 SOUTH DIXIE DRIVE KETTERING, OH 45439 | NONE | PC | EDUCATIONAL PROGRAMS | 5,000 |
| UNIVERSITY OF SOUTHERN CALIFORNIA 3670 TROUSDALE PARKWAY STE 308 BRG HALL - 308 MC-0804 LOS ANGELES, CA 90089-0071 | NONE | PC | GENERAL OPERATING SUPPORT | 1,815,425 |
| XAVIER UNIVERSITY 3800 VICTORY PKWY CINCINNATI, OH 45207 | NONE | PC | GENERAL OPERATING SUPPORT | 100,000 |
| LOUISIANA STATE UNIVERSITY FOUNDATION 3838 WEST LAKESHORE DRIVE BATON ROUGE, LA 70808 | NONE | PC | GENERAL OPERATING SUPPORT | 727,500 |
| SCHOLARS AT RISK NETWORK 411 LAFAYETTE ST 3RD FLOOR NEW YORK, NY 10003 | NONE | PC | GENERAL OPERATING SUPPORT | 300,000 |
| UNIVERSITY OF MARYLAND - COLLEGE PARK 4113 VAN MUNCHING HALL COLLEGE PARK, MD 20742 | NONE | GOV | GENERAL OPERATING SUPPORT | 72,602 |
| GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE MS 2E1 FAIRFAX, VA 22030 | NONE | PC | GENERAL OPERATING SUPPORT | 2,299,072 |
| EMERGENT ORDER FOUNDATION, INC. | NONE | PC | EDUCATIONAL PROGRAMS | 17,000 |

| Name and Address | Relationship | Foundation status | Purpose | Amount |
|---|--------------|----------------------|---------------------------|-----------|
| 4450 FRONTIER TRAIL AUSTIN, TX 78745 | | | | |
| STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305 | NONE | PC | GENERAL OPERATING SUPPORT | 1,127,089 |
| UNIVERSITY OF MARYLAND, COLLEGE PARK FOUNDATION 4603 CALVERT ROAD COLLEGE PARK, MD 20740 | NONE | PC | GENERAL OPERATING SUPPORT | 413,000 |
| JOBS FOR THE FUTURE 50 MILK STREET, 17TH FLOOR BOSTON, MA 02110 | NONE | PC | GENERAL OPERATING SUPPORT | 600,000 |
| SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053-0385 | NONE | PC | GENERAL OPERATING SUPPORT | 90,000 |
| SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVENUE SELINSGROVE, PA 17870 | NONE | PC | GENERAL OPERATING SUPPORT | 11,740 |
| UNIVERSITY OF NEBRASKA - LINCOLN 518 S 118TH ST LINCOLN, NE 68154 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| SKILLUP COALITION 548 MARKET ST SAN FRANCISCO, CA 94104 | NONE | PC | EDUCATIONAL PROGRAMS | 5,000 |
| LAKE FOREST COLLEGE 555 N SHERIDAN RD LAKE FOREST, IL 60045 | NONE | PC | GENERAL OPERATING SUPPORT | 25,755 |
| REASON FOUNDATION 5737 MESMER AVENUE LOS ANGELES, CA 90230 | NONE | PC | EDUCATIONAL PROGRAMS | 4,038 |
| DUQUESNE UNIVERSITY 600 FORBES AVE PITTSBURGH, PA 15282 | NONE | PC | GENERAL OPERATING SUPPORT | 15,000 |
| RICE UNIVERSITY 6100 MAIN STREET MS-375 HOUSTON, TX 77005 | NONE | PC | GENERAL OPERATING SUPPORT | 579,000 |
| CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVE NE WASHINGTON, DC 20064 | NONE | PC | GENERAL OPERATING SUPPORT | 1,575,784 |
| NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| LOYOLA UNIVERSITY - NEW ORLEANS 6363 ST CHARLES AVE NEW ORLEANS, LA 70118 | NONE | PC | GENERAL OPERATING SUPPORT | 20,400 |
| COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE STREET CHARLESTON, SC 29424 | NONE | PC | GENERAL OPERATING SUPPORT | 21,400 |
| UNIVERSITY OF OKLAHOMA 660 PARRINGTON OVAL RM 110 NORMAN, OK 73019-0390 | NONE | GOV | GENERAL OPERATING SUPPORT | 80,000 |
| BAYLOR UNIVERSITY 700 S UNIVERSITY PARKS SUITE 670 WACO, TX 76706 | NONE | PC | GENERAL OPERATING SUPPORT | 174,500 |
| MERIT AMERICA 712 H STREET NE SUITE 1560 WASHINGTON, DC 20002-3627 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000,000 |
| THE LAST MILE 717 MARKET STREET SUITE 100 SAN FRANCISCO, CA 94103 | NONE | PC | EDUCATIONAL PROGRAMS | 796 |
| UNIVERSITY OF NOTRE DAME 724 GRACE HALL NOTRE DAME, IN 46556 | NONE | PC | GENERAL OPERATING SUPPORT | 1,562,408 |
| MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139 | NONE | PC | GENERAL OPERATING SUPPORT | 130,000 |
| VILLANOVA UNIVERSITY 800 LANCASTER AVENUE | NONE | PC | GENERAL OPERATING SUPPORT | 225,000 |

| Name and Address | Relationship | Foundation status | Purpose | Amount |
|--|--------------|----------------------|---------------------------|-----------|
| VILLANOVA, PA 19085-1699 | | | | |
| UTAH VALLEY UNIVERSITY 800 W UNIVERSITY PKWY OREM, UT 84058 | NONE | PC | GENERAL OPERATING SUPPORT | 150,000 |
| PER SCHOLAS, INC. 804 EAST 138TH STREET BRONX, NY 10454 | NONE | PC | GENERAL OPERATING SUPPORT | 650,000 |
| MIAMI UNIVERSITY 804 S ELM ST APT # 6 OXFORD, OH 45056 | NONE | PC | GENERAL OPERATING SUPPORT | 264,736 |
| DUKE UNIVERSITY 81 BEVERLY DR DURHAM, NC 27707 | NONE | PC | GENERAL OPERATING SUPPORT | 2,285,841 |
| MAKE IT MOVEMENT 828 W 6TH STREET AUSTIN, TX 78703 | NONE | PC | GENERAL OPERATING SUPPORT | 50,000 |
| MCGILL UNIVERSITY 855 SHERBROOKE ST W MONTREAL, QC, H3A2T7 CA | NONE | PC | GENERAL OPERATING SUPPORT | 13,000 |
| AZUSA PACIFIC UNIVERSITY 901 E ALOSTA AVE PO BOX 7000 AZUSA, CA 91702-7000 | NONE | PC | GENERAL OPERATING SUPPORT | 22,000 |
| HARVARD UNIVERSITY 95 DUNSTER STREET CAMBRIDGE, MA 02138 | NONE | PC | GENERAL OPERATING SUPPORT | 1,075,217 |
| UNIVERSITY OF CALIFORNIA - SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093 | NONE | PC | GENERAL OPERATING SUPPORT | 484,665 |
| THE GEORGE WASHINGTON UNIVERSITY C/O TAX DEPARTMENT 45155 RESEARCH P STE 260 ASHBURN, VA 20147 | NONE | PC | EDUCATIONAL PROGRAMS | 292,534 |
| SYRACUSE UNIVERSITY CENTER FOR POLICY RESEARCH, 426 EGG SYRACUSE, NY 13244-1090 | NONE | PC | GENERAL OPERATING SUPPORT | 25,000 |
| UNIVERSITY OF ARIZONA CENTER FOR THE PHILOSOPHY OF FREEDO 845 N PARK AVE, SUITE 280 TUCSON, AZ 85721 | NONE | GOV | GENERAL OPERATING SUPPORT | 260,000 |
| POMONA COLLEGE CLAREMONT CLAREMONT, CA 91711 | NONE | PC | GENERAL OPERATING SUPPORT | 14,859 |
| DARTMOUTH COLLEGE DARTMOUTH COLLEGE HANOVER, NH 03755 | NONE | PC | GENERAL OPERATING SUPPORT | 841,833 |
| EMBRY-RIDDLE AERONAUTICAL UNIVERSITY DAYTONA BEACH DAYTONA BEACH, FL 32114 | NONE | PC | GENERAL OPERATING SUPPORT | 13,656 |
| UTAH STATE UNIVERSITY FOUNDATION 3500 OLD MAIN HILL LOGAN, UT 84322 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500,000 |
| KING'S COLLEGE - LONDON KING'S COLLEGE LONDON STRAND, GB, WC2R 2LS UK | NONE | NC | GENERAL OPERATING SUPPORT | 5,000 |
| OTTAWA UNIVERSITY LAWRENCE LAWRENCE, KS 66067 | NONE | PC | GENERAL OPERATING SUPPORT | 100,000 |
| LET GROW LET GROW, INC., 228 PARK AVE S SUITE 77212 NEW YORK, NY 10003 | NONE | PC | GENERAL OPERATING SUPPORT | 250,000 |
| TEXAS TECH FOUNDATION OFFICE OF CORPORATIONS AND FOUNDATI P.O. BOX 45025 LUBBOCK, TX 79409-5025 | NONE | PC | GENERAL OPERATING SUPPORT | 5,845 |

| Name and Address | Relationship | Foundation status | Purpose | Amount |
|--|--------------|----------------------|---------------------------|-----------|
| COLLEGE OF THE HOLY CROSS ONE COLLEGE STREET WORCESTER, MA 01610 | NONE | PC | GENERAL OPERATING SUPPORT | 98,000 |
| PACIFIC RESEARCH INSTITUTE ONE EMBARCADERO CENTER SUITE 350 SAN FRANCISCO, CA 94111 | NONE | PC | EDUCATIONAL PROGRAMS | 3,500 |
| SOUTHERN METHODIST UNIVERSITY O'NEIL CENTER FOR GLOBAL MARKETS & PO BOX 750333 DALLAS, TX 75275 | NONE | PC | GENERAL OPERATING SUPPORT | 1,070,000 |
| VIRGINIA MILITARY INSTITUTE RESEARCH LABORATORIES P.O. BOX 932 LEXINGTON, VA 24450 | NONE | PC | GENERAL OPERATING SUPPORT | 20,888 |
| UNIVERSITY OF PITTSBURGH PITTSBURGH PITTSBURGH, PA 15260 | NONE | PC | GENERAL OPERATING SUPPORT | 988,333 |
| TO THE VILLAGE SQUARE INC PO BOX 10352 TALLAHASSEE, FL 32302-2352 | NONE | PC | EDUCATIONAL PROGRAMS | 11,692 |
| STEPHEN F. AUSTIN STATE UNIVERSITY PO BOX 13004 SFA STA NACODOCHES, TX 75962-3004 | NONE | GOV | GENERAL OPERATING SUPPORT | 25,000 |
| UNIVERSITY OF FLORIDA FOUNDATION PO BOX 14425 GAINESVILLE, FL 32604 | NONE | PC | GENERAL OPERATING SUPPORT | 1,100,000 |
| UNIVERSITY OF COLORADO - COLORADO SPRINGS PO BOX 173364 CAMPUS BOX 181 DENVER, CO 80217-3364 | NONE | PC | GENERAL OPERATING SUPPORT | 255,000 |
| ARIZONA STATE UNIVERSITY PO BOX 877906 TEMPE, AZ 85287-7906 | NONE | GOV | GENERAL OPERATING SUPPORT | 1,362,360 |
| ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 877906 TEMPE, AZ 85287-7906 | NONE | PC | GENERAL OPERATING SUPPORT | 430,000 |
| COLLEGE OF WILLIAM & MARY PO BOX 8795 WILLIAMSBURG, VA 23187-8795 | NONE | GOV | GENERAL OPERATING SUPPORT | 323,040 |
| VIRGINIA COMMONWEALTH UNIVERSITY FOUNDATION RICHMOND RICHMOND, VA 23284 | NONE | PC | GENERAL OPERATING SUPPORT | 14,774 |
| MACALESTER COLLEGE SAINT PAUL SAINT PAUL, MN 55105 | NONE | PC | GENERAL OPERATING SUPPORT | 12,800 |
| UNIVERSITY OF ST. ANDREWS STUDENT'S UNION BUILDING ST. ANDREWS, FIFE, KY169UZ UK | NONE | NC | GENERAL OPERATING SUPPORT | 5,000 |
| ASSOCIATION OF PRIVATE ENTERPRISE EDUCATION TENNESSEE AT CHATTANOOGA 313 FLETCH 615 MCCALLIE AVE CHATTANOOGA, TN 37403-2598 | NONE | PC | GENERAL OPERATING SUPPORT | 30,000 |
| UNIVERSITY OF CALIFORNIA - BERKELEY THE REGENTS OF THE UNIVERSITY OF CA 660 BARROWS HALL #2572 BERKELY, CA 94720 | NONE | PC | GENERAL OPERATING SUPPORT | 118,931 |
| COLUMBIA UNIVERSITY THE TRUSTEES OF COLUMBIA UNIVERSITY INTERCHURCH CENTER, 9TH FLOOR, MAIL NEW YORK, NY 10027 | NONE | PC | GENERAL OPERATING SUPPORT | 33,000 |
| TUFTS UNIVERSITY TRUSTEES OF TUFT COLLEGE, EATON HAL MEDFORD, MA 02155 | NONE | PC | GENERAL OPERATING SUPPORT | 505,000 |

| Name and Address | Relationship | Foundation status | Purpose | Amount |
|--|--------------|----------------------|---------------------------|---------|
| UNIVERSITY OF CENTRAL ARKANSAS FOUNDATION UCA BOX 4986 CONWAY, AR 72035-4986 | NONE | PC | GENERAL OPERATING SUPPORT | 483,140 |
| VIRGINIA TECH FOUNDATION UNIVERSITY GATEWAY CENTER 902 PRICES FORK ROAD BLACKSBURG, VA 24601 | NONE | PC | GENERAL OPERATING SUPPORT | 291,713 |
| UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL UNIVERSITY OF NORTH CAROLINA AT CHA CHAPEL HILL, NC 27599 | NONE | PC | GENERAL OPERATING SUPPORT | 569,000 |
| MIDDLE TENNESSEE STATE UNIVERSITY FOUNDATION WOOD-STEGALL CENTER BOX 109 MURFREESBORO, TN 37132 | NONE | PC | GENERAL OPERATING SUPPORT | 516,611 |
| UNIVERSITY OF CALIFORNIA - LOS ANGELES 10920 WILTSHIRE BLVD STE 620 LOS ANGELES, CA 90024 | NONE | PC | GENERAL OPERATING SUPPORT | 84,225 |

Statement #16: Part XIV, Line 3b

Grants and Contributions Approved For Future Payment (continued)

| Name and Address | Relationship | Foundation status | Purpose | Amount |
|---|--------------|----------------------|---------------------------|---------|
| SOCIETY FOR HUMAN RESOURCE MANAGEMENT FOUNDATION 1800 DUKE STREET ALEXANDRIA, VA 22314 | NONE | PC | GENERAL OPERATING SUPPORT | 300,000 |
| GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE MS C31 FAIRFAX, VA 22030 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |

| Form | 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) | | | | | | 047 |
|--------|--|-----------|---|--------|-----------------|------------------------------------|---------|
| | | For cal | endar year 2022 or other tax year beginning , 2022, and ending , 2 | 0 | | 2022 |) - |
| | nent of the Treasury | | Go to <i>www.irs.gov/Form990T</i> for instructions and the latest information. bt enter SSN numbers on this form as it may be made public if your organization is a 501(| | Ope | n to Public Inspe for 501(c)(3) | ection |
| | Revenue Service | Don | | | | for 501(c)(3) organizations On | |
| | Check box if address changed. | | | D Empl | | identification nu | umber |
| | | Print | CHARLES KOCH FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. | E Crow | | -0918408 mption number | |
| | mpt under section $(0, 0, 0)$ | _or | 4201 WILSON BLVD., SUITE 800 | | | ctions) | r |
| | 108(e) 220(e) | Туре | City or town, state or province, country, and ZIP or foreign postal code | | | | |
| _ | 108A 530(a) | | | F | Choo | k box if | |
| _ | 529(a) 529A | C Bool | <pre>k value of all assets at end of year</pre> | | | nended return. | |
| | neck organizatio | | | State | , co | lege/univers | itv |
| - | neck if filing only | | Claim credit from Form 8941 Claim a refund shown on Form 2 | | | inge, and ere | , |
| | <u> </u> | | nization filing a consolidated return with a 501(c)(2) titleholding corporation . | | | | |
| | | | ched Schedules A (Form 990-T) | | | 19 | |
| | | | the corporation a subsidiary in an affiliated group or a parent-subsidiary controlle | | | Yes | د No |
| | | | and identifying number of the parent corporation | 0 | | | _ |
| | ne books are in (| | | (| (571) | 290-6811 | |
| Par | Total U | nrelate | ed Business Taxable Income | | · | | |
| 1 | Total of unrela | ated bu | usiness taxable income computed from all unrelated trades or businesses (s | see | | | |
| | instructions) | | | | 1 | 2,488 | 8,622 |
| 2 | Reserved . | | | | 2 | | |
| 3 | Add lines 1 an | d2. | | | 3 | 2,488 | 8,622 |
| 4 | Charitable cor | ntributio | ons (see instructions for limitation rules) | | 4 | 248 | 8,862 |
| 5 | Total unrelated | d busin | ess taxable income before net operating losses. Subtract line 4 from line 3 . | | 5 | 2,239 | 9,760 |
| 6 | Deduction for | net ope | erating loss. See instructions | - | 6 | | 0 |
| 7 | Total of unrela | ated bu | isiness taxable income before specific deduction and section 199A deduction | on. | | | |
| | Subtract line 6 | 6 from I | ine 5 | • | 7 | 2,239 | 9,760 |
| 8 | | | enerally \$1,000, but see instructions for exceptions) | | 8 | 1 | 1,000 |
| 9 | Trusts. Section | n 199A | deduction. See instructions | | 9 | | 0 |
| 10 | | | dd lines 8 and 9 | | 10 | 1 | 1,000 |
| 11 | | | taxable income. Subtract line 10 from line 7. If line 10 is greater than line | 7, | | | |
| | | | <u> </u> | · 1 | 11 | 2,238 | 8,760 |
| Part | | - | | | | | |
| 1 | - | | le as corporations. Multiply Part I, line 11 by 21% (0.21) | | 1 | 470 | 0,140 |
| 2 | | | ust rates. See instructions for tax computation. Income tax on the amount | | _ | | |
| _ | | | Tax rate schedule or Schedule D (Form 1041) | | 2 | | |
| 3 | | | | | 3 | | 0 |
| 4 | | | | | 4 | | 0 |
| 5 | | | tax (trusts only) | | 5 | | 0 |
| 6 | | - | It facility income. See instructions | | 6 | | 0 |
| 7 | | | ough 6 to line 1 or 2, whichever applies | | 7 | | 0,140 |
| For Pa | aperwork Reduct | ion Act | Notice, see instructions. Cat. No. 11291J | | | Form 990-T | (2022) |

| Form 99 | 0-T (202 | 22) | | | | | F | Page 2 |
|------------|--------------|---|-----------------|---------------------|-----------------------|-------------------------------|-------|---------------|
| Part | II | Tax and Payments | | | | | | |
| 1a | Forei | gn tax credit (corporations attach Form 1118; trusts attach Form 11 | 16) 1 a | 1 | 0 | | | |
| b | Other | credits (see instructions) | . 1t |) | 0 | | | |
| С | | ral business credit. Attach Form 3800 (see instructions) | | ; | 0 | | | |
| d | | t for prior year minimum tax (attach Form 8801 or 8827) | L | | | | | |
| е | | credits. Add lines 1a through 1d | | | . 1e | | | 0 |
| 2 | | act line 1e from Part II, line 7 | | | . 2 | | 47 | 0,140 |
| 3 | Other | amounts due. Check if from: Form 4255 Form 8611 | | | | | | |
| | T | | | | | | | 0 |
| 4 | | tax. Add lines 2 and 3 (see instructions). Check if includes tax | | usiy deterred un | | | 47 | 0 4 4 0 |
| 5 | | on 1294. Enter tax amount here | | | 0. 4 . 5 | | 47 | 0,140 |
| 5 6a | | ents: A 2021 overpayment credited to 2022 | | | . 5 0,535 | | | |
| b | - | estimated tax payments. Check if section 643(g) election applies | . 6k | | 0,000 | | | |
| c | | eposited with Form 8868 | _ | - | 0 | | | |
| d | | gn organizations: Tax paid or withheld at source (see instructions) | | | 0 | | | |
| e | | up withholding (see instructions) | | | 0 | | | |
| f | | t for small employer health insurance premiums (attach Form 8941) | | • | 0 | | | |
| g | Other | credits, adjustments, and payments: Form 2439 | 0 | | | | | |
| | 🗌 Fo | rm 41360 🗌 Other0 To | otal 6g | 1 | 0 | | | |
| 7 | | payments. Add lines 6a through 6g | | | . 7 | | 2,59 | 0,535 |
| 8 | | ated tax penalty (see instructions). Check if Form 2220 is attached | | | 8 | | | 0 |
| 9 | | lue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amou | | | | | | 0 |
| 10 | | payment. If line 7 is larger than the total of lines 4, 5, and 8, enter a | | - | | | | 0,395 |
| 11 Part | | the amount of line 10 you want: Credited to 2023 estimated tax | | 0,395 Refun | | | 1,75 | 0,000 |
| | | Statements Regarding Certain Activities and Other Inform | | - | - | ith ority (| Yes | No |
| 1 | | y time during the 2022 calendar year, did the organization have an a financial account (bank, securities, or other) in a foreign country? | | | | | 103 | |
| | | EN Form 114, Report of Foreign Bank and Financial Accounts. If "Υ | | | | | | |
| | here | | , | | 5 | , | | ~ |
| 2 | During | g the tax year, did the organization receive a distribution from, or was it t | the granto | or of, or transfero | to, a foreig | n trust? | | ~ |
| | lf "Ye | s," see instructions for other forms the organization may have to file | e. | | - | | | |
| 3 | Enter | the amount of tax-exempt interest received or accrued during the | tax year | \$ | | 0 | | |
| 4 | Enter | available pre-2018 NOL carryovers here \$0. Do n | not includ | de any post-201 | 7 NOL carr | yover | | |
| | show | n on Schedule A (Form 990-1). Don't reduce the NOL carryover s | shown h | ere by any dedu | iction repoi | ted on | | |
| _ | | | | | . | . | | |
| 5 | | 2017 NOL carryovers. Enter the Business Activity Code and availab | | | | | | |
| | | nounts shown below by any NOL claimed on any Schedule A, Part II | | | | | | |
| | 0020 | Business Activity Code | AVa | ailable post-2017 | | | | |
| | 9030 9030 | | ···· \$ ¢ | | Ζ, | 57 202 | | |
| | 9030 | | ···· \$ \$ | | | 57,393 0 | | |
| | | STATEMENT) | ···· \$ | | | | | |
| 6a | | ne organization change its method of accounting? (see instructions) |) | | | | | ~ |
| | | is "Yes," has the organization described the change on Form 990 | | | | | | |
| | expla | in in Part V | | | | [| | |
| Part | V | Supplemental Information | | | | | | |
| Provid | e the e | explanation required by Part IV, line 6b. Also, provide any other add | litional in | formation. See i | nstructions | | | |
| | | | | | | | | |
| | | | | | | | | <u> </u> |
| | | r penalties of perjury, I declare that I have examined this return, including accompan- it is true, correct, and complete. Declaration of preparer (other than taxpayer) is base | | | | | | je and |
| Sign | | | | | · | | | |
| Here | | | SURER | | | ne IRS discu ne preparer s | | |
| | | ature of officer Date Title | CONLIN | | | istructions)? | | |
| <u> </u> | Cigii | Print/Type preparer's name Preparer's signature | | Date | | if PTIN | | |
| Paid | | SHAWNELL LINOT | | 11/08/23 | Check self-employe | " | 16639 | 08 |
| Prepa | | Firm's name FORVIS, LLP | | | Firm's EIN | | 16026 | |
| Use (| Only | Firm's address 1551 N WATERFRONT PKWY, STE 300, WICHITA, KS 6 | 7206-660 | 1 | Phone no. | (316) 20 | | |
| | | | | | | Form 9 | | |

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Fo</i> Do not enter SSN numbers on thi | | | | | | | n to Public Ins (c)(3) Organiza | |
|--|--|------------------|----|---|---|--------------|------|------------------------------------|-----|
| A Name of the organizat | A Name of the organization B Employ | | | | | | | | ər |
| CHARLES KOCH FOUN | DATION | | | | | 48- | 0918 | 3408 | |
| C Unrelated business | C Unrelated business activity code (see instructions) | | | | | | 1 | of | 19 |
| E Describe the unrelat | ted trade or business FUND | 1 | | | | | | | |
| Part I Unrelated Trade or Business Income (A) Income | | | | | | (B) Expenses | | (C) N | let |
| 1a Gross receipts | or sales 0 |) | | | | | | | |
| b Less returns and | allowances 0 | c Balance | 1c | (|) | | | | |
| | | | - | 1 | 1 | | | | |

| b | Less returns and allowances 0 c Balance | 1c | 0 | | | |
|--|--|---|---|---------------------------------------|---|---|
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | | |
| | Form 1120)). See instructions | 4a | 0 | | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | | | |
| | instructions | 4b | C | | | 0 |
| С | Capital loss deduction for trusts | 4c | C | | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | |
| | statement) | 5 | 7,291 | | | 7,291 |
| 6 | Rent income (Part IV) | 6 | C |) | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | C |) | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| | organization (Part VI) | 8 | 0 | | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | |
| | organizations (Part VII) | 9 | 0 | | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 | 7,291 | | 0 | 7,291 |
| Par | | | limitations on de | ductions. I | Deduction | ns must be |
| | directly connected with the unrelated business inco | me. | | | | |
| 1 | directly connected with the unrelated business inco Compensation of officers, directors, and trustees (Part X) | | | | 1 | 0 |
| 1 2 | Compensation of officers, directors, and trustees (Part X) | | | | | 0 |
| | Compensation of officers, directors, and trustees (Part X) | · · · · | | | 2 | |
| 2 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . . Repairs and maintenance . . . | · · | | | 2 3 | 0 |
| 2 3 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . . Repairs and maintenance . . . Bad debts | · · · · · · · · · · · · · · · · · · · | · · · · · · · · | · · · · · | 2 3 4 | 0 0 |
| 2 3 4 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . . | · · · · · · · · · · · · · · · · · · · | · · · · · · · · | · · · · · | 2 3 4 5 | 0 0 0 |
| 2 3 4 5 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . . Repairs and maintenance . . . Bad debts | · · · · · · · · · · · · · · · · · · · | | · · · · · | 2 3 4 5 | 0 0 0 0 |
| 2 3 4 5 6 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . Taxes and licenses . . Depreciation (attach Form 4562). See instructions . | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · | 2 3 4 5 6 | 0 0 0 0 |
| 2 3 4 5 6 7 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . . Taxes and licenses . . | · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | 2 3 4 5 6 0 0 8b | 0 0 0 0 |
| 2 3 4 5 6 7 8 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . Taxes and licenses . Depreciation (attach Form 4562). See instructions . Less depreciation claimed in Part III and elsewhere on return | · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · | 2 3 4 5 6 0 0 8b 9 | 0 0 0 0 0 |
| 2 3 4 5 6 7 8 9 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . Taxes and licenses . Depreciation (attach Form 4562). See instructions . Less depreciation claimed in Part III and elsewhere on return . Depletion . . | · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · · | 2 3 4 5 6 0 8 b 9 10 | 0 0 0 0 0 0 |
| 2 3 4 5 6 7 8 9 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . Taxes and licenses . Depreciation (attach Form 4562). See instructions . Less depreciation claimed in Part III and elsewhere on return . Depletion . . Contributions to deferred compensation plans . | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · · | 2 3 4 5 6 0 0 8b 9 10 11 | 0 0 0 0 0 0 0 0 |
| 2 3 4 5 6 7 8 9 10 11 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . Repairs and maintenance . Bad debts . Interest (attach statement). See instructions . Taxes and licenses . Depreciation (attach Form 4562). See instructions . Less depreciation claimed in Part III and elsewhere on return . Depletion . . Contributions to deferred compensation plans . . Employee benefit programs . . . | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 2 3 4 5 6 0 0 8b 9 10 11 11 12 | 0 0 0 0 0 0 0 0 0 0 |
| 2 3 4 5 6 7 8 9 10 11 12 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . . Interest (attach statement). See instructions . . Taxes and licenses . . . Depreciation (attach Form 4562). See instructions . . Less depreciation claimed in Part III and elsewhere on return . Depletion . . . Contributions to deferred compensation plans . . . Excess exempt expenses (Part VIII) . . . Excess readership costs (Part IX) . . . | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 2 3 4 5 6 0 8 b 9 10 11 12 13 | 0 0 0 0 0 0 0 0 0 0 0 0 |
| 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . Taxes and licenses . Depreciation (attach Form 4562). See instructions . Less depreciation claimed in Part III and elsewhere on return . Depletion . . Contributions to deferred compensation plans . Excess exempt expenses (Part VIII) . . Excess readership costs (Part IX) . . Other deductions. Add lines 1 through 14 . . | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 2 3 4 5 6 0 8 b 9 10 11 12 13 14 15 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 2 3 4 5 6 7 8 9 10 11 12 13 14 | Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction | | | · · · · · · · · · · · · · · · · · · · | 2 3 4 5 6 0 8b 9 10 11 12 13 14 15 3, | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . Taxes and licenses . Depreciation (attach Form 4562). See instructions . Less depreciation claimed in Part III and elsewhere on return . Depletion . . Contributions to deferred compensation plans . Excess exempt expenses (Part VIII) . . Excess readership costs (Part IX) . . Other deductions. Add lines 1 through 14 . . | | | · · · · · · · · · · · · · · · · · · · | 2 3 4 5 6 0 8b 9 10 11 12 13 14 15 3, | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction | | | · · · · · · · · · · · · · · · · · · · | 2 3 4 5 6 0 8b 9 10 11 12 13 14 15 3, 16 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 | Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction column (C) | | <th>· · · · · · · · · · · · · · · · · · ·</th> <th>2 3 4 5 6 0 8b 9 10 11 12 13 14 15 3, 16</th> <th>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</th> | · · · · · · · · · · · · · · · · · · · | 2 3 4 5 6 0 8b 9 10 11 12 13 14 15 3, 16 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

| Part III Cost of Goods Sold Enter method of inventory valuation 1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 Other costs (attach statement) 4 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Ye Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B | 0 0 0 0 0 0 0 0 es 🗌 No |
|---|---|
| 2 Purchases 2 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 Other costs (attach statement) 4 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Ye Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A | 0 0 0 0 0 0 0 |
| 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Ye Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A | 0 0 0 0 0 0 |
| Additional section 263A costs (attach statement) | 0 0 0 0 0 |
| 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 7 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 7 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 7 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 7 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 7 9 Do the rules of section 263A (with respect to property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A | 0 0 0 |
| 6 Total. Add lines 1 through 5 | 0 0 0 |
| 7 Inventory at end of year 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yee Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C | 0 |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | |
| Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A | s 🗌 No |
| 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A | |
| AB | |
| B | |
| | |
| | |
| D [] | |
| A B C | D |
| 2 Rent received or accrued | |
| a From personal property (if the percentage of | |
| rent for personal property is more than 10% but not more than 50%) | |
| , | |
| b From real and personal property (if the percentage of rent for personal property exceeds | |
| 50% or if the rent is based on profit or income) | |
| c 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 columns A through D. Enter here and on Part I, line 6, column (A) | 0 |
| | |
| 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) | 0 |
| Part V Unrelated Debt-Financed Income (see instructions) | |
| 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | |
| | |
| A 🗌 | |
| A B | |
| A B C | |
| A B | D |
| A B C D | |
| A | |
| A | D |
| A | |
| A | |
| A | |
| A | |
| A B C D C D C | |
| A | D |
| A B B | % |
| A B B | |
| A B B C C D C D C D C D C D C D C D C D C D C D C D C D Straight line depreciation (attach statement) D b Other deductions (attach statement) b Other deductions (attach statement) c Total deductions (attach statement) d Amount of average acquisition debt on or allocable to debt-financed property (attach statement) financed property (attach statement) D financed property (attach statement) D <td>%</td> | % |
| A B B | % |

| Par | t VI Interest, Annuiti | es, Royaltie | es, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions | ;) |
|------|---|--|--|--------|--|--|---|---|
| | | Exempt Controlled Organizations | | | | | | · |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Ente | I columns 6 and 11. r here and on Part I, ne 8, column (B) 0 |
| Par | t VII Investment Inco | me of a Sec | ction 501(c)() | 7), (9 |), or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | int of income | c | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) | |
| Tota | | | 0 | | | | | 0 |
| Par | - | | ncome, Othe | er Th | an Advertising In | come (see instructions | 3) | |
| 1 | Description of exploited | • | | | | | | |
| 2 | Gross unrelated busines | | | | | | 2 | |
| 3 | 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | | | | | | | |
| 4 | | | | | | | | |
| 5 | Gross income from activ | | | | | | 5 | |
| 6 | Expenses attributable to | income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expense 4. Enter here and on Par | | | | | | 7 | |

| | Part | Advertising Income | | | | | |
|--|--------|--|-------------------------------|----------------------|------------------|-----------------|-----------------|
| B | 1 | Name(s) of periodical(s). Check box if re | porting tv | vo or more periodi | cals on a consol | idated basis. | |
| C | | Α 🗌 | | | | | |
| D A B C D 2 Gross advertising income A B C D a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | | | | |
| A B C D 2 Gross advertising income | | | | | | | |
| A B C D a Add columns A through D. Enter here and on Part I, line 11, column (A) | Entor | | in the cou | responding colum | n | | |
| 2 Gross advertising income | LING | amounts for each periodical listed above | | | | С | П |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) 0 3 Direct advertising costs by periodical 0 a Add columns A through D. Enter here and on Part I, line 11, column (B) 0 4 Advertising gain (loss). Subtract line 3 from line 0 2. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 0 5 Readership costs 0 6 Circulation income 0 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5 is less than line 6, enter zero 0 8 Excess readership costs. allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 ine. 0 Part X Compensation of Officers, Directors, and Trustees (see instructions) 1 1 Name 2. Title 3. Percentage of time devoted to business (1) 9 % 4. Compensation of Officers, Directors, and Trustees (see instructions) 1 Name 2. Title 3. Percentage of time devoted to business (2) 9 % 4. Compensation attinuation att | 2 | Gross advertising income | | Α | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) 0 4 Advertising gain (loss). Subtract line 3 from line 0 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 0 5 Readership costs 0 6 Circulation income 0 7 Excess readership costs 0 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 0 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 0 Part X Compensation of Officers, Directors, and Trustees (see instructions) 0 1 1 1 0 1 1 9 0 2 1 9 0 1 1 9 0 1 9 9 0 1 9 9 0 1 1 9 0 1 1 9 0 1 9 <td< td=""><td>а</td><td>-</td><td>d on Par</td><td>t I, line 11, column</td><td>(A)</td><td></td><td>0</td></td<> | а | - | d on Par | t I, line 11, column | (A) | | 0 |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 5 Readership costs | 3 | Direct advertising costs by periodical | [| | | | |
| 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | а | Add columns A through D. Enter here an | nd on Par | t I, line 11, column | (B) | | . 0 |
| 6 Circulation income | 4 | 2. For any column in line 4 showing complete lines 5 through 8. For any col line 4 showing a loss or zero, do not co | a gain, lumn in omplete | | | | |
| deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | 6 | Circulation income . Excess readership costs. If line 6 is lead line 5, subtract line 6 from line 5. If line 5 | ss than 5 is less | | | | |
| Part II, line 13 | 8 | deduction. For each column showing a | gain on | | | | |
| Part X Compensation of Officers, Directors, and Trustees (see instructions) 1. Name 2. Title 3. Percentage of time devoted to business 4. Compensation attributable to unrelated business (1) 9% (2) 9% (3) 9% (4) 9% Total. Enter here and on Part II, line 1 9% 0 | а | | | | | | |
| 1. Name2. Titleof time devoted to businessattributable to unrelated business(1)%(2)%(3)%(4)%Total. Enter here and on Part II, line 1%0 | Par | t X Compensation of Officers, Di | rectors, | and Trustees (s | ee instructions | 5) | |
| (2) % (3) % (4) % Total. Enter here and on Part II, line 1 0 | | 1. Name | | 2. Title | | of time devoted | attributable to |
| (3) % (4) % Total. Enter here and on Part II, line 1 0 | (1) | | | | | % | |
| (4) % Total. Enter here and on Part II, line 1 0 | (2) | | | | | | |
| Total. Enter here and on Part II, line 1 | | | | | | | |
| Total. Enter here and on Part II, line 1 0 Part XI Supplemental Information (see instructions) | (4) | | | | | % | |
| Part XI Supplemental Information (see instructions) | Tota | Foter here and on Part II line 1 | | | | | 0 |
| | Par | Supplemental Information (se | e instruc | tions) | <u></u> | | 0 |
| | I GI I | | | | | | |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

| Departn Internal | | Open to Public Inspection for 501(c)(3) Organizations Only | | | | | | |
|---------------------|---------------------|--|------|------------|----------------|-----------|---------|-----|
| A Nar | me of the organizat | on | | | B Employer ide | ntificati | on numb | er |
| CHAR | LES KOCH FOUND | DATION | | | 48 | 3-09184 | 08 | |
| C Uni | related business | activity code (see instructions) | 9030 | 02 | D Sequence: | 2 | of | 19 |
| E Des | scribe the unrelat | ed trade or business FUND 2 | | | | | | |
| Par | t Unrelate | d Trade or Business Income | | (A) Income | (B) Expenses | ; | (C) I | let |
| 1a | Gross receipts of | or sales <u>0</u> | | | | | | |
| b | Less returns and a | allowances 0 c Balance | 1c | C | | | | |
| 2 | Cost of goods s | old (Part III, line 8) | 2 | C | | | | |
| 3 | Gross profit. Su | btract line 2 from line 1c | 3 | C | | | | 0 |
| 4a | Capital gain ne | t income (attach Schedule D (Form 1041 or | | | | | | |
| | Form 1120)). Se | e instructions | 4a | C | | | | 0 |
| b | 0 (|) (Form 4797) (attach Form 4797). See | 4b | (| | | | 0 |

| | | | v | | U |
|----|--|----|--------|---|--------|
| С | Capital loss deduction for trusts | 4c | 0 | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| | statement) | 5 | 43,856 | | 43,856 |
| 6 | Rent income (Part IV) | 6 | 0 | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Part VI) | 8 | 0 | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | |
| | organizations (Part VII) | 9 | 0 | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 | 43,856 | 0 | 43,856 |

| | | | , | | | | |
|------|---|---|---|--|--|--|--|
| Part | Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. | | | | | | |
| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | | | | | |

| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | 0 |
|--------|---|--------------------------|--------|
| 2 | Salaries and wages | 2 | 0 |
| 3 | Repairs and maintenance | 3 | 0 |
| 4 | Bad debts | 4 | 0 |
| 5 | Interest (attach statement). See instructions | 5 | 0 |
| 6 | Taxes and licenses | 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return 8a 0 | 8b | 0 |
| 9 | Depletion | 9 | 0 |
| 10 | Contributions to deferred compensation plans | 10 | 0 |
| 11 | Employee benefit programs | 11 | 0 |
| 12 | Excess exempt expenses (Part VIII) | 12 | 0 |
| 13 | Excess readership costs (Part IX) | 13 | 0 |
| 14 | Other deductions (attach statement) | 14 | 0 |
| 15 | Total deductions. Add lines 1 through 14 | 15 | 0 |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, | | |
| | column (C) | 16 | 43,856 |
| 17 | Deduction for net operating loss. See instructions | 17 | 35,085 |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | 8,771 |
| For Pa | Schee | dule A (Form 990-T) 2022 | |

| Schedu | le A (Form 990-T) 2022 | | | | Page 2 |
|------------------|---|-----------------------|--------------------------|-----------------|-----------------------------|
| Par | | thod of inventory val | | | |
| 1 | Inventory at beginning of year | | | | 0 |
| 2 3 | Purchases . | | | | 0 |
| 4 | Additional section 263A costs (attach statement) | | | | 0 |
| 5 | Other costs (attach statement) | | | | 0 |
| 6 | Total. Add lines 1 through 5 | | | | 0 |
| 7 | Inventory at end of year | | | | 0 |
| 8 9 | Cost of goods sold. Subtract line 7 from line 6. Do the rules of section 263A (with respect to properties). | | • | | 0 ' |
| | IV Rent Income (From Real Property an | | | | |
| 1 | Description of property (property street address, A | city, state, ZIP code |). Check if a dual-us | | |
| | 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 column | ns A through D. Enter | here and on Part I, lir | e 6, column (A) | 0 |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Par 1 | Total deductions. Add line 4 columns A through t V Unrelated Debt-Financed Income (se Description of debt-financed property (street add A | e instructions) | | | 0 ions. |
| | B | | | | |
| | C | | | | |
| | | 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 C | Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt- financed property (attach statement) | | | | |
| 6 7 | Divide line 4 by line 5 | % | % | % | % |
| 8 | Total gross income (add line 7, columns A throu | ugh D). Enter here ar | nd on Part I. line 7. co | olumn (A) | 0 |
| 9 | Allocable deductions. Multiply line 3c by line 6 | <u> </u> | | | |
| 10 | Total allocable deductions. Add line 9, columns | A through D. Enter h | ere and on Part I, line | e 7, column (B) | 0 |
| 11 | Total dividends - received deductions include | - | | | 0 |
| les Ko 091840 | ch Foundation | | | | le A (Form 990-T) 2022 / |

| Par | t VI Interest, Annuiti | es, Royaltie | es, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions | ;) |
|------|---|--|--|--------|--|--|---|---|
| | | Exempt Controlled Organizations | | | | | | · |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Ente | I columns 6 and 11. r here and on Part I, ne 8, column (B) 0 |
| Par | t VII Investment Inco | me of a Sec | ction 501(c)() | 7), (9 |), or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | int of income | c | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) | |
| Tota | | | 0 | | | | | 0 |
| Par | - | | ncome, Othe | er Th | an Advertising In | come (see instructions | 3) | |
| 1 | Description of exploited | • | | | | | | |
| 2 | Gross unrelated busines | | | | | | 2 | |
| 3 | 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) 3 | | | | | | | |
| 4 | | | | | | | | |
| 5 | Gross income from activ | | | | | | 5 | |
| 6 | Expenses attributable to | income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expense 4. Enter here and on Par | | | | | | 7 | |

| Par | IX Advertising Income | | | | | |
|-------------|---|-------------------------------|-----------------------|------------------|---|---|
| 1 | Name(s) of periodical(s). Check box if re | porting | two or more periodic | als on a consoli | dated basis. | |
| | A 🗌 | | | | | |
| | B [| | | | | |
| | C | | | | | |
| Enter | amounts for each periodical listed above | in the co | orresponding column | 1 | | |
| | | | A | B | С | D |
| 2 | Gross advertising income | | | | | |
| а | Add columns A through D. Enter here an | nd on Pa | rt I, line 11, column | (A) | | 0 |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here an | nd on Pa | rt I, line 11, column | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, lumn in omplete | | | | |
| 5 6 7 | Readership costs | ss than 5 is less | | | | |
| | than line 6, enter zero | | | | | |
| 8 | Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | gain on | | | | |
| а | Add line 8, columns A through D. Ente Part II, line 13 | er the g | | | | |
| Par | | | | | | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | I. Enter here and on Part II, line 1 . | | | | | 0 |
| Par | XI Supplemental Information (se | e instru | ictions) | | | 0 |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

| Go to www.irs.gov/Form990T for instructions and the latest information. | | | | | | | | | | |
|---|--|--|-----------------|--------------------|----------------------------|-----------------------------|--|--|--|--|
| Department of the Treasury Internal Revenue Service | Do not enter SSN numbers on this form as it may be made public | | | Open to 501(c)(| 9 Public In: 3) Organiz | spection for ations Only | | | | |
| A Name of the organizat | ion | | B Employer ider | ntificatio | on numb | er | | | | |
| CHARLES KOCH FOUND | DATION | | 48 | 8-091840 |)8 | | | | | |
| C Unrelated business | activity code (see instructions) | | D Sequence: | 3 | of | 19 | | | | |
| E Describe the unrelat | ted trade or business FUND 3 | | | | | | | | | |
| | | | | | | - | | | | |

| Par | t I Unrelated Trade or Business Income | | (A) Income | (B) Expense | es | (C) Net |
|-----|--|----|--------------------|-----------------|--------|-------------------------|
| 1a | Gross receipts or sales 0 | | | | | |
| b | Less returns and allowances 0 c Balance | 1c | 0 | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | | |
| | Form 1120)). See instructions | 4a | 0 | | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | | | |
| | instructions | 4b | 0 | | | 0 |
| c | Capital loss deduction for trusts | 4c | 0 | | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | |
| | statement) | 5 | 108,097 | | | 108,097 |
| 6 | Rent income (Part IV) | 6 | 0 | | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| • | organization (Part VI) | 8 | 0 | | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | |
| | organizations (Part VII) | 9 | 0 | | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 | 108,097 | | 0 | 108,097 |
| Par | t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco | | limitations on dec | luctions. Dec | luctio | ns must be |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1 | 0 |
| 2 | Salaries and wages | | | | 2 | 0 |
| 3 | Repairs and maintenance | | | | 3 | 0 |
| 4 | Bad debts | | | | 4 | 0 |
| 5 | Interest (attach statement). See instructions | | | | 5 | 0 |
| 6 | Taxes and licenses | | | | 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | 7 | 0 | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | <mark>8a</mark> | 0 | 8b | 0 |
| 9 | Depletion | | | | 9 | 0 |
| 10 | Contributions to deferred compensation plans | | | | 10 | 0 |
| 11 | Employee benefit programs | | | | 11 | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | 12 | 0 |
| 13 | Excess readership costs (Part IX) | | | | 13 | 0 |
| 14 | Other deductions (attach statement) | | | | 14 | 0 |
| 15 | Total deductions. Add lines 1 through 14 | | | | 15 | 0 |
| 16 | Unrelated business income before net operating loss deductio column (C) | | | art I, line 13, | 16 | 108,097 |
| 17 | Deduction for net operating loss. See instructions | | | | 17 | 0 |
| 18 | Unrelated business taxable income. Subtract line 17 from lin | | | | 18 | 108,097 |
| | perwork Reduction Act Notice, see instructions. | | at. No. 740360 | | | ule A (Form 990-T) 2022 |

| Part III Cost of Goods Sold Enter method of inventory valuation 1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 Other costs (attach statement) 4 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Ye Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B | 0 0 0 0 0 0 0 0 es 🗌 No |
|---|---|
| 2 Purchases 2 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 Other costs (attach statement) 4 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Ye Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A | 0 0 0 0 0 0 0 |
| 3 Cost of labor | 0 0 0 0 0 0 |
| Additional section 263A costs (attach statement) | 0 0 0 0 0 |
| 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 7 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 7 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 7 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 7 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 7 9 Do the rules of section 263A (with respect to property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A | 0 0 0 |
| 6 Total. Add lines 1 through 5 | 0 0 0 |
| 7 Inventory at end of year 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yee Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C | 0 |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | |
| Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A | s 🗌 No |
| 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A | |
| AB | |
| B | |
| | |
| | |
| D [] | |
| A B C | D |
| 2 Rent received or accrued | |
| a From personal property (if the percentage of | |
| rent for personal property is more than 10% but not more than 50%) | |
| , | |
| b From real and personal property (if the percentage of rent for personal property exceeds | |
| 50% or if the rent is based on profit or income) | |
| c 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 columns A through D. Enter here and on Part I, line 6, column (A) | 0 |
| | |
| 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) | 0 |
| Part V Unrelated Debt-Financed Income (see instructions) | |
| 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | |
| | |
| A 🗌 | |
| A B | |
| A B C | |
| A B | D |
| A B C D | |
| A | |
| A | |
| A | |
| A | |
| A | |
| A | |
| A B C D C D C | |
| A | D |
| A B B | % |
| A B B | |
| A B B C C D C D C D C D C D C D C D C D C D C D C D C D Straight line depreciation (attach statement) D b Other deductions (attach statement) b Other deductions (attach statement) c Total deductions (attach statement) d Amount of average acquisition debt on or allocable to debt-financed property (attach statement) financed property (attach statement) D financed property (attach statement) D <td>%</td> | % |
| A B B | % |

| Par | t VI Interest, Annuit | ties, Royaltie | s, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions | 3) |
|------|--|---|--|-------------------------------------|--|--|---|--|
| | Exempt Controlled Organizations | | | | | | | |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | 7. Taxable income 8. Net unrelated income (loss) (see instructions) | | 9. Total of specified payments made | | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions direct connected with income in column 10 | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0 | Ente | I columns 6 and 11. r here and on Part I, ine 8, column (B) 0 |
| Par | t VII Investment Inc | ome of a Sec | ction 501(c)(7 | 7). (9 |). or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | nt of income | с | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. e and on Part I, column (A) | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) | |
| Tota | als | | 0 | | | | | 0 |
| Par | VIII Exploited Exem | npt Activity I | ncome, Othe | r Th | an Advertising In | come (see instructions | 5) | |
| 1 | Description of exploited | d activity: | | | | | | |
| 2 | Gross unrelated busine | ss income fron | n trade or busi | ness. | Enter here and on P | art I, line 10, column (A) | 2 | |
| 3 | 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | | | | | | | |
| 4 | | | | | | | | |
| 5 | Gross income from act | | | | | | 5 | |
| 6 | Expenses attributable t | o income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expens 4. Enter here and on Pa | | | | | than the amount on line | 7 | |

| Part | IX Advertising Income | | | | | |
|--------|---|--------------------------------|-----------------------|------------------|---|---|
| 1 | Name(s) of periodical(s). Check box if re | porting t | wo or more periodi | cals on a consol | idated basis. | |
| | A 🗌 | | | | | |
| | B | | | | | |
| | | | | | | |
| Entor | D amounts for each periodical listed above | in the co | rresponding colum | n | | |
| Lintoi | | | A | B | С | D |
| 2 | Gross advertising income | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (A) | | 0 |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, olumn in omplete | | | | |
| 5 | Readership costs | | | | | |
| 6 7 | Circulation income | ess than 5 is less | | | | |
| 8 | Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | gain on | | | | |
| а | Add line 8, columns A through D. Enter Part II, line 13 | | | | | |
| Par | t X Compensation of Officers, Di | | | | | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | II. Enter here and on Part II, line 1 . | | | | | |
| Par | Supplemental Information (se | · · · | ctions) | | | 0 |
| ran | Supplemental mormation (36 | | | | | |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> for instructions and the latest inf Do not enter SSN numbers on this form as it may be made public if your organ | | | Public Ins Organiza | |
|--|---|-----------------|------------|------------------------|----|
| A Name of the organizat | ion | B Employer ider | ntificatio | n numb | er |
| CHARLES KOCH FOUND | DATION | 48 | -091840 | 0918408 | |
| C Unrelated business | activity code (see instructions) | D Sequence: | 4 | of | 19 |
| E Describe the unrelat | ed trade or business FUND 4 | | | | |

| Par | t I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | | (C) Net |
|-----------|--|-----|----------------|--------------|----------|------------------------|
| 1a | Gross receipts or sales 0 | | | | | |
| b | Less returns and allowances 0 c Balance | 1c | 0 | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | | |
| | Form 1120)). See instructions | 4a | 3,081 | | | 3,081 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | 0 | | | 0 |
| С | Capital loss deduction for trusts | 4c | 0 | | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | |
| | statement) | 5 | 5,619 | | | 5,619 |
| 6 | Rent income (Part IV) | 6 | 0 | | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| • | organization (Part VI) | 8 | 0 | | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | |
| | organizations (Part VII) | 9 | 0 | | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | - | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 | 8,700 | | 0 | 8,700 |
| Par | directly connected with the unrelated business inco | me. | | | ction | is must be |
| 1 | Compensation of officers, directors, and trustees (Part X) $\ . \ .$ | | | | 1 | 0 |
| 2 | Salaries and wages | | | | 2 | 0 |
| 3 | Repairs and maintenance | | | | 3 | 0 |
| 4 | Bad debts | | | | 4 | 0 |
| 5 | Interest (attach statement). See instructions | | | | 5 | 0 |
| 6 | Taxes and licenses | | | | 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | | 0 | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | | - | Bb | 0 |
| 9 | Depletion | | | | 9 | 0 |
| 10 | Contributions to deferred compensation plans | | | | 10 | 0 |
| 11 | Employee benefit programs | | | | 11 | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | 12 | 0 |
| 13 | Excess readership costs (Part IX) | | | | 13 | 0 |
| 14 | Other deductions (attach statement) | | | | 14 | 0 |
| 15 16 | Total deductions. Add lines 1 through 14 | | | | 15 | 0 |
| 10 | column (C) | | | | | 0.700 |
| 47 | | | | | 16 | 8,700 |
| 17 10 | 1 5 | | | | 17 18 | 0 |
| <u>18</u> | Unrelated business taxable income. Subtract line 17 from lin | | t. No. 740360 | | - | 8,700 |
| rof Pa | perwork Reduction Act Notice, see instructions. | Ga | I. INU. 14030U | 50 | meau | le A (Form 990-T) 2022 |

| Schedu | le A (Form 990-T) 2022 | | | | Page 2 |
|--------|---|-------------------------|-------------------------|----------------------------------|-----------------------|
| Part | | thod of inventory valu | | | |
| 1 | Inventory at beginning of year | | | | 0 |
| 2 3 | Purchases . | | | | 0 |
| 4 | Additional section 263A costs (attach statement) | | | | 0 |
| 5 | Other costs (attach statement) | | | | 0 |
| 6 | Total. Add lines 1 through 5 | | | | 0 |
| 7 | Inventory at end of year | | | | 0 |
| 8 9 | Cost of goods sold. Subtract line 7 from line 6. Do the rules of section 263A (with respect to properties) | | • | | 0 □ Yes □ No |
| | N Rent Income (From Real Property an | | | | |
| 1 | Description of property (property street address, A | city, state, ZIP code) | - | | |
| | D | Α | В | С | D |
| 2 | Rent received or accrued | A | D | C | U |
| a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . | | | | |
| С | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c column | ns A through D. Enter h | ere and on Part I, line | e 6, column (A) | 0 |
| 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, colum | n (B) | 0 |
| Par | | , | | | |
| 1 | A Description of debt-financed property (street add B D | Iress, city, state, ZIP | code). Check if a du | al-use. See instructi | ons. |
| | C | | | | |
| | | 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 C | Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt- financed property (attach statement) | | | | |
| 6 7 | Divide line 4 by line 5 | % | % | % | % |
| 8 | Total gross income (add line 7, columns A throu | ugh D). Enter here and | d on Part I, line 7, co | lumn (A) | 0 |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns | A through D. Enter he | re and on Part I, line | 7, column (B) | 0 |
| 11 | Total dividends - received deductions include | ed in line 10 ... | | | 0 |
| les Ko | ch Foundation | | 16 1 | Schedule 1/13/2023 9:31:56 AM | e A (Form 990-T) 2022 |

| Par | t VI Interest, Annuiti | es, Royaltie | es, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions | ;) |
|------|---|--|--|--------|--|--|---|---|
| | Exempt Controlled Organizations | | | | | | | · |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | t unrelated me (loss) Istructions) | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Ente | I columns 6 and 11. r here and on Part I, ne 8, column (B) 0 |
| Par | t VII Investment Inco | me of a Sec | ction 501(c)() | 7), (9 |), or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | int of income | c | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) | |
| Tota | | | 0 | | | | | 0 |
| Par | - | | ncome, Othe | er Th | an Advertising In | come (see instructions | 3) | |
| 1 | Description of exploited | • | | | | | | |
| 2 | Gross unrelated busines | | | | | | 2 | |
| 3 | Expenses directly conne line 10, column (B) | | | | | | 3 | |
| 4 | Net income (loss) from lines 5 through 7 | | 4 | | | | | |
| 5 | Gross income from activ | | | | | | 5 | |
| 6 | Expenses attributable to | income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expense 4. Enter here and on Par | | | | | | 7 | |

| Par | Advertising Income | | | | | : |
|-------|--|--------------------------------|-----------------------|-----------------|--|---|
| 1 | Name(s) of periodical(s). Check box if re | porting t | wo or more periodic | als on a consol | idated basis. | |
| | A 🗌 | | | | | |
| | В 🗌 | | | | | |
| | C 🗌 | | | | | |
| | D | | | | | |
| Enter | amounts for each periodical listed above | in the co | | | | _ |
| 2 | Gross advertising income | | Α | В | С | D |
| 2 | - | • • • | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (A) | | 0 |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 f 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, olumn in omplete | | | | |
| 5 | Readership costs | | | | | |
| 6 | Circulation income | | | | | |
| 7 | Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line than line 6, enter zero | 5 is less | | | | |
| 8 | Excess readership costs allowed | | | | | |
| 0 | deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | gain on | | | | |
| а | Add line 8, columns A through D. Ent Part II, line 13 | | | | | |
| Par | t X Compensation of Officers, Di | | | | | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | I. Enter here and on Part II, line 1 . | | | | | 0 |
| Par | XI Supplemental Information (se | e instru | ctions) | | | 0 |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

| | Go to www.irs.gov/Form990T for instructions and the latest inf | | | | | |
|--|--|---|---------------|------------------|-----------------------------|-----------------------------|
| Department of the Treasury Internal Revenue Service | Do not enter SSN numbers on this form as it may be made public if your organ | | | Open t 501(c) | o Public Ins (3) Organiz | spection for ations Only |
| A Name of the organizat | ion | В | Employer iden | tificati | on numb | er |
| CHARLES KOCH FOUND | DATION | | 48 | -09184 | 08 | |
| C Unrelated business | activity code (see instructions) | D | Sequence: | 5 | of | 19 |
| E Describe the unrelat | ted trade or business FUND 5 | | | | | |
| | | | | | (| |

| cCapital loss deduction for trusts | Pa | t Unrelated Trade or Business Income | | (A) Income | (B) Expens | es | (C) Net |
|--|-----|--|-----------|--------------------|--------------------|---------|-----------|
| 2 Cost of goods sold (Part III, line B) 2 0 0 3 Gross profit. Subtract line 2 from line 1c 3 0 0 4 Capital gain net income (attach Schedule D (Form 1477). See instructions 4a 0 0 b Net gain (loss) (form a partnership or an S corporation (attach statement) 4a 0 0 c Capital loss deduction for trusts 4a 0 0 c Capital loss deduction for trusts 4a 0 0 f Income (loss) from a partnership or an S corporation (attach statement) 6 0 0 0 f Unrelated debt-financed income (Part V) 6 0 0 0 0 0 f Unrelated debt-financed income (Part VII) 8 0 <th>1a</th> <th>Gross receipts or sales 0</th> <th></th> <th></th> <th></th> <th></th> <th></th> | 1a | Gross receipts or sales 0 | | | | | |
| 2 Cost of goods sold (Part III, line B) 2 0 0 3 Gross profit. Subtract line 2 from line 1c 3 0 0 4 Capital gain net income (attach Schedule D (Form 1477). See instructions 4a 0 0 b Net gain (loss) (form a partnership or an S corporation (attach statement) 4a 0 0 c Capital loss deduction for trusts 4a 0 0 c Capital loss deduction for trusts 4a 0 0 f Income (loss) from a partnership or an S corporation (attach statement) 6 0 0 0 f Unrelated debt-financed income (Part V) 6 0 0 0 0 0 f Unrelated debt-financed income (Part VII) 8 0 <th>b</th> <td></td> <td>1c</td> <td>0</td> <td></td> <td></td> <td></td> | b | | 1c | 0 | | | |
| 3 Gross profit. Subtract line 2 from line to | 2 | | 2 | 0 | | | |
| Form 1120)). See instructions 4a 0 0 b Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b 0 0 c Capital loss deduction for trusts 0 0 0 5 Income (loss) (Form a partnership or an S corporation (attach statement) 10 0 0 0 6 Rent income (Part IV) 1 0 0 0 0 0 7 0 </th <th>3</th> <td>Gross profit. Subtract line 2 from line 1c</td> <td>3</td> <td>0</td> <td></td> <td></td> <td>0</td> | 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | | 0 |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions instructions in | 4a | | | | | | |
| Instructions Income (loss) from a partnership or an S corporation (attach statement) Income (loss) from a partnership or an S corporation (attach statement) Income (loss) from a partnership or an S corporation (attach statement) Income (loss) from a partnership or an S corporation (attach statement) Income (loss) from a partnership or an S corporation (attach statement) Income (loss) from a partnership or an S corporation (attach statement) Interest, annuities, royaties, and rents from a controlled organization (Part VI) Interest, annuities, royaties, and rents from a controlled organization (Part VII) Interest, annuities, royaties, and rents from a controlled organization (Part VII) Image: Comparison of the c | | Form 1120)). See instructions | 4a | 0 | | | 0 |
| c Capital loss deduction for trusts | b | | | | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) 5 (110,435) (110,435) (110,435) (110,435) (110,435) (110,435) (110,435) (110,435) (110,435) (110,435) (110,435) (110,435) (110,435) (110,435) (110,435) (110,435) (110,435) (110,435) <l< th=""><th></th><td>instructions</td><td>4b</td><td>C</td><td>)</td><td></td><td>0</td></l<> | | instructions | 4b | C |) | | 0 |
| statement) 5 (110,435) (110,435) 6 0 0 0 7 0 0 0 9 0 0 0 9 0 0 0 10 estiment income of section 501(c)(7), (9), or (17) organization (Part VI) 9 0 0 0 Exploited evempt activity income (Part VII) 10 0 0 0 11 Advertising income (Part VII) 11 0 0 0 0 12 0 0 0 0 0 0 0 13 (110,435) 0 (110,435) 0 (110,435) 0 (110,435) 14 Advertising income (Part IVI) 11 0 0 0 0 0 15 Other income (see instructions; attach statement) 12 0 | С | | 4c | |) | | 0 |
| 6 Rent income (Part IV) | 5 | | | | | | |
| 7 Unrelated debt-financed income (Part V) Interest, annuities, royalties, and rents from a controlled organization (Part VII) 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 0 0 0 0 0 10 Exploited exempt activity income (Part VIII) 1 0 0 0 0 0 0 11 Advertising income (Part X) 1 0 | | | - | (110,435) |) | | (110,435) |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 0 0 0 0 10 Exploited exempt activity income (Part VII) 10 0 0 0 0 11 0 0 0 0 0 0 0 12 0 11 0 0 0 0 0 13 Interset, annuities, income (see instructions, attach statement) 12 0 0 0 13 Combine lines 3 through 12 13 (110,435) 0 (110,435) 14 0 0 14 0 0 0 2 0 13 (110,435) 0 (110,435) 2 0 3 0 0 0 0 3 0 13 (10,435) 0 0 0 2 0 3 0 0 0 0 0 3 0 13 0 1< | 6 | | | | | - | 0 |
| a | | | 7 | 0 |) | 0 | 0 |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 0 0 0 10 Exploited exempt activity income (Part VIII) 11 0 0 0 0 11 Advertising income (Part IX) 11 0 0 0 0 0 12 0 0 0 0 0 0 0 13 Total. Combine lines 3 through 12 11 0 0 0 0 14 Compensation of officers, directors, and trustees (Part X) 13 (110,435) 0 (110,435) 1 Compensation of officers, directors, and trustees (Part X) 1 0 2 0 2 0 3 0 4 0 0 4 0 3 0 0 1 0 <td< th=""><th>8</th><td></td><td></td><td></td><td></td><td></td><td></td></td<> | 8 | | | | | | |
| organizations (Part VII) 9 0 0 0 10 Exploited exempt activity income (Part VIII) 10 0 0 0 11 Advertising income (Part IX) 11 0 0 0 12 Other income (see instructions; attach statement) 12 0 0 0 13 (110,435) 0 (110,435) 0 (110,435) 14 0 0 10 0 0 0 14 0 0 (110,435) 0 (110,435) 0 (110,435) 15 0 11 0 <t< th=""><th>•</th><td></td><td>8</td><td>0</td><td>)</td><td>0</td><td>0</td></t<> | • | | 8 | 0 |) | 0 | 0 |
| 10 Exploited exempt activity income (Part VIII) 10 0 0 0 0 11 Advertising income (Part IX) 11 0 0 0 0 12 Other income (see instructions; attach statement) 12 0 0 0 13 Total. Combine lines 3 through 12 13 (110,435) 0 (110,435) Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 1 0 0 14 O 0 1 0 0 0 2 0 3 0 1 0 0 0 3 Bad debts 1 0 0 0 0 0 4 0 1 0 8a 0 8b 0 0 15 0 0 11 0 0 0 0 3 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0< | 9 | | | | | | |
| 11 Advertising income (Part IX) 11 0 0 0 12 Other income (see instructions; attach statement) 11 0 0 0 13 Total. Combine lines 3 through 12 13 (110,435) 0 (110,435) Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 1 0 0 1 Compensation of officers, directors, and trustees (Part X) 1 0 0 2 Salaries and wages 1 0 0 0 3 Repairs and maintenance 4 0 0 4 0 5 0 0 5 Interest (attach statement). See instructions 5 0 6 0 0 2 0 8 Less depreciation claimed in Part III and elsewhere on return 8a 0 8b 0 9 0 0 0 0 0 0 0 11 0 0 0 0 0 0 0 10 </th <th></th> <td></td> <td>-</td> <td>-</td> <td></td> <td>-</td> <td></td> | | | - | - | | - | |
| 12 Other income (see instructions; attach statement) 12 0 0 13 Total. Combine lines 3 through 12 13 (110,435) 0 (110,435) Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 1 0 (110,435) 0 (110,435) 2 Compensation of officers, directors, and trustees (Part X) 1 0 0 2 0 3 Bad debts . . . 4 0 0 4 0 Interest (attach statement). See instructions . . 6 0 6 Taxes and licenses . . . 6 0 7 0 0 8a 0 8b 0 9 0 11 0 1 0 9 0 6 0 12 0 1 0 . . | | | | | | - | |
| 13 Total. Combine lines 3 through 12 13 (110,435) 0 (110,435) Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be 1 Compensation of officers, directors, and trustees (Part X) 1 0 2 0 3 0 3 Repairs and maintenance 3 0 4 0 1 0 5 0 6 0 6 0 0 2 7 0 6 0 9 0 0 0 11 0 0 0 12 0 0 0 14 0 0 0 16 12 0 0 17 0 0 0 18 0 0 0 0 10 0 0 0 0 10 0 0 0 0 111 0 0 0 0 12 0 11 | | | - | | | 0 | |
| Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be 1 Compensation of officers, directors, and trustees (Part X) 1 0 2 0 3 Repairs and maintenance 2 0 4 0 3 0 5 0 4 0 6 0 5 0 6 0 5 0 6 0 5 0 6 0 0 0 1 0 0 0 6 0 0 0 7 0 0 0 8 0 0 0 9 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 10 0 0 0 | | | | | | | - |
| directly connected with the unrelated business income.1Compensation of officers, directors, and trustees (Part X)1203Repairs and maintenance2404050607080809010011012013014015016111701001101201301401501611117018Unrelated business taxable income. Subtract line 17 from line 1618(110,435) | - | | | | | • | |
| 2Salaries and wages203Repairs and maintenance304Bad debts405Interest (attach statement). See instructions506Taxes and licenses6070608Less depreciation claimed in Part III and elsewhere on return8a09000100011Employee benefit programs10012Excess exempt expenses (Part VIII)12013Excess readership costs (Part IX)13014014015014016Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)1617017018Unrelated business taxable income. Subtract line 17 from line 1618 | Par | | | limitations on de | auctions. De | auction | s must de |
| 3 Repairs and maintenance 3 0 4 Bad debts 4 0 5 Interest (attach statement). See instructions 5 0 6 Taxes and licenses 5 0 7 Depreciation (attach Form 4562). See instructions 7 0 8 Less depreciation claimed in Part III and elsewhere on return 8a 0 8b 9 Depletion 9 0 0 10 Contributions to deferred compensation plans 10 0 11 Employee benefit programs 12 0 12 Excess readership costs (Part VIII) 12 0 13 Excess readership costs (Part IX) 13 0 14 Other deductions, Add lines 1 through 14 15 0 15 Deduction for net operating loss. See instructions 17 0 18 Unrelated business taxable income. Subtract line 17 from line 16 18 (110,435) | 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1 | 0 |
| 4Bad debts405Interest (attach statement). See instructions506Taxes and licenses607Depreciation (attach Form 4562). See instructions708Less depreciation claimed in Part III and elsewhere on return8a08b9Depletion010010Contributions to deferred compensation plans10011Employee benefit programs11012Excess exempt expenses (Part VIII)12013Excess readership costs (Part IX)13014014015Total deductions. Add lines 1 through 1415016Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)1617Deduction for net operating loss. See instructions17018Unrelated business taxable income. Subtract line 17 from line 1618(110,435) | 2 | Salaries and wages | | | | 2 | 0 |
| 5 Interest (attach statement). See instructions 5 0 6 Taxes and licenses 6 0 7 Depreciation (attach Form 4562). See instructions 7 0 8 Less depreciation claimed in Part III and elsewhere on return 8a 0 8b 0 9 Depletion . 9 0 0 0 0 0 10 Contributions to deferred compensation plans . . 10 0 0 11 Employee benefit programs . . 11 0 0 12 Excess exempt expenses (Part VIII) . . 13 0 13 Excess readership costs (Part IX) . . 14 0 14 Other deductions (attach statement) . . . 15 0 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . 16 (110,435) 17 Deduction for net operating loss. See instructions . . 18 (110,435) | 3 | • | | | | | 0 |
| 6Taxes and licenses607Depreciation (attach Form 4562). See instructions708Less depreciation claimed in Part III and elsewhere on return8a08b9Depletion9010Contributions to deferred compensation plans10011Employee benefit programs11012Excess exempt expenses (Part VIII)12013Excess readership costs (Part IX)13014Other deductions (attach statement)14015Total deductions. Add lines 1 through 14Subtract line 15 from Part I, line 13, column (C)1617Deduction for net operating loss. See instructions17018Unrelated business taxable income. Subtract line 17 from line 1618(110,435) | 4 | | | | | | 0 |
| 7 Depreciation (attach Form 4562). See instructions 7 0 8 Less depreciation claimed in Part III and elsewhere on return 8a 0 8b 0 9 Depletion O 10 0 0 0 0 10 Contributions to deferred compensation plans 10 | 5 | Interest (attach statement). See instructions | | | | | 0 |
| 8Less depreciation claimed in Part III and elsewhere on return8a08b09Depletion9010Contributions to deferred compensation plans10011Employee benefit programs11012Excess exempt expenses (Part VIII)12013Excess readership costs (Part IX)13014Other deductions (attach statement)14015Total deductions. Add lines 1 through 1415016Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)16(110,435)17Deduction for net operating loss. See instructions17018Unrelated business taxable income. Subtract line 17 from line 1618(110,435) | 6 | | | | | 6 | 0 |
| 9Depletion9010Contributions to deferred compensation plans10011Employee benefit programs11012Excess exempt expenses (Part VIII)12013Excess readership costs (Part IX)12014Other deductions (attach statement)14015Total deductions. Add lines 1 through 1414016Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)1617Deduction for net operating loss. See instructions17018Unrelated business taxable income. Subtract line 17 from line 1618(110,435) | | | | | | | |
| 10Contributions to deferred compensation plans10011Employee benefit programs11012Excess exempt expenses (Part VIII)12013Excess readership costs (Part IX)12014Other deductions (attach statement)14015Total deductions. Add lines 1 through 1414016Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)1617Deduction for net operating loss. See instructions17018Unrelated business taxable income. Subtract line 17 from line 1618(110,435) | | | | | | | |
| 11 Employee benefit programs 11 0 12 Excess exempt expenses (Part VIII) 12 0 13 Excess readership costs (Part IX) 13 0 14 Other deductions (attach statement) 14 0 15 Total deductions. Add lines 1 through 14 14 0 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 (110,435) 17 Deduction for net operating loss. See instructions 17 0 18 Unrelated business taxable income. Subtract line 17 from line 16 18 (110,435) | | - | | | | | |
| 12Excess exempt expenses (Part VIII)12013Excess readership costs (Part IX)13014Other deductions (attach statement)1414015Total deductions. Add lines 1 through 141514016Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)16(110,435)17Deduction for net operating loss. See instructions17018Unrelated business taxable income. Subtract line 17 from line 1618(110,435) | | | | | | - | |
| 13 Excess readership costs (Part IX) 13 0 14 Other deductions (attach statement) 14 0 15 Total deductions. Add lines 1 through 14 15 0 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 (110,435) 17 Deduction for net operating loss. See instructions 17 0 18 Unrelated business taxable income. Subtract line 17 from line 16 18 (110,435) | | | | | | | |
| 14 Other deductions (attach statement) 14 0 15 Total deductions. Add lines 1 through 14 15 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 15 16 17 Deduction for net operating loss. See instructions 17 0 18 Unrelated business taxable income. Subtract line 17 from line 16 18 (110,435) | | | | | | | |
| 15 Total deductions. Add lines 1 through 14 15 0 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 (110,435) 17 Deduction for net operating loss. See instructions 17 0 18 Unrelated business taxable income. Subtract line 17 from line 16 18 (110,435) | | | | | | | |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 (110,435) 17 Deduction for net operating loss. See instructions 17 0 18 Unrelated business taxable income. Subtract line 17 from line 16 18 (110,435) | | | | | | | |
| column (C) 16 (110,435) 17 Deduction for net operating loss. See instructions 17 17 17 17 0 18 Unrelated business taxable income. Subtract line 17 from line 16 18 18 (110,435) | | I otal deductions. Add lines I through 14 | n Suk | tract line 15 from | Part I line 13 | 15 | 0 |
| 17 Deduction for net operating loss. See instructions 17 17 0 18 Unrelated business taxable income. Subtract line 17 from line 16 18 (110,435) | 10 | | | | | 16 | (110.425) |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 18 (110,435) | 17 | | | | | | |
| | | | | | | | |
| | | | | | <u> </u> | | |

| | le A (Form 990-T) 2022 | | | | Page 2 |
|--------|---|-------------------------|-------------------------|------------------------|-----------------------|
| | Cost of Goods Sold Enter me | | | | |
| 1 | Inventory at beginning of year | | | | 0 |
| 2 | Purchases | | | | 0 |
| 3 4 | Cost of labor | | | | 0 |
| 5 | Other costs (attach statement) | | | | 0 |
| 6 | Total. Add lines 1 through 5. | | | | 0 |
| 7 | Inventory at end of year | | | | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | Enter here and in Pa | rt I, line 2 | 8 | 0 |
| 9 | Do the rules of section 263A (with respect to prope | | | | 🗌 Yes 🗌 No |
| | IV Rent Income (From Real Property an | | - | | |
| 1 | Description of property (property street address, | city, state, ZIP code | e). Check if a dual-us | se. See instructions. | |
| | A [_] | | | | |
| | c 🗆 | | | | |
| | D [] | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% but not more than 50%) | | | | |
| h | , | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) . | | | | |
| с | Total rents received or accrued by property. | | | | |
| | Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c column | s A through D. Enter | bere and on Part L li | ne 6. column (A) | 0 |
| | | | | | Ũ |
| 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 c | on Part I, line 6, colu | mn (B) | 0 |
| Par | V Unrelated Debt-Financed Income (se | e instructions) | | | |
| 1 | Description of debt-financed property (street add | dress, city, state, ZIF | code). Check if a d | ual-use. See instructi | ons. |
| | A 🗌 | | | | |
| | B | | | | |
| | | | | | |
| | D 🗌 | Α | В | C | D |
| 2 | Gross income from or allocable to debt-financed | <u>A</u> | D | U | U |
| _ | 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 ar | nd on Part I, line 7, c | olumn (A) | 0 |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns | A through D. Enter h | here and on Part I. lin | e 7, column (B) | 0 |
| 11 | Total dividends — received deductions include | - | | | 0 |
| | | | | | ο Δ (Form 990-T) 2022 |

| Par | t VI Interest, Annuiti | es, Royaltie | es, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions | ;) |
|------|--|--|--|--------|--|--|---|---|
| | Exempt Controlled Organizations | | | | | | | · |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | t unrelated me (loss) Istructions) | | . 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) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Ente | I columns 6 and 11. r here and on Part I, ne 8, column (B) 0 |
| Par | t VII Investment Inco | me of a Sec | ction 501(c)() | 7), (9 |), or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | int of income | c | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) | |
| Tota | | | 0 | | | | | 0 |
| Par | - | | ncome, Othe | er Th | an Advertising In | come (see instructions | 3) | |
| 1 | Description of exploited | • | | | | | | |
| 2 | Gross unrelated busines | | | | | | 2 | |
| 3 | 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | | | | | | 3 | |
| 4 | | | | | | 4 | | |
| 5 | Gross income from activ | | | | | | 5 | |
| 6 | Expenses attributable to | income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expense 4. Enter here and on Par | | | | | | 7 | |

| Par | Advertising Income | | | | | ÷ |
|-------------|---|--------------------------------|-----------------------|------------------|--|---|
| 1 | Name(s) of periodical(s). Check box if re | porting t | wo or more periodi | als on a consol | idated basis. | |
| | A 🗌 | | | | | |
| | B | | | | | |
| | | | | | | |
| Enter | D amounts for each periodical listed above | in the co | prresponding colum | า | | |
| Lintoi | | | A | в | С | D |
| 2 | Gross advertising income | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (A) | | 0 |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, olumn in omplete | | | | |
| 5 6 7 | Readership costs | ss than | | | | |
| | than line 6, enter zero | | | | | |
| 8 | Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | gain on | | | | |
| а | Add line 8, columns A through D. Ent | er the gr | eater of the line 8 | a, columns total | l or zero here and | on |
| | Part II, line 13 | | | | | 0 |
| Par | t X Compensation of Officers, Di | rectors | , and Trustees (s | ee instructions | 1 | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | II. Enter here and on Part II, line 1 . | | | | | 0 |
| Par | XI Supplemental Information (se | e instru | ctions) | | I | |
| | · · · · · · · · · · · · · · · · · · · | | , | | | |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> for instructions and the latest i Do not enter SSN numbers on this form as it may be made public if your org | | Public Ins 3) Organiza | | |
|--|---|----------------|---------------------------|---------|----|
| A Name of the organizat | ion | B Employer ide | ntificatio | on numb | er |
| CHARLES KOCH FOUND | DATION | 48 | 3-091840 | 8 | |
| C Unrelated business | activity code (see instructions) | D Sequence: | 6 | of | 19 |
| E Describe the unrelat | red trade or business FUND 6 | | | | |

| Par | t Unrelated Trade or Business Income | | (A) Income | (B) Expense | es | (C) Net |
|--------|---|-------|-------------------|---------------|--------|-------------------------|
| 1a | Gross receipts or sales 0 | | | | | |
| b | Less returns and allowances 0 c Balance | 1c | 0 | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | | |
| | Form 1120)). See instructions | 4a | 0 | | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | 0 | , | | 0 |
| С | Capital loss deduction for trusts | 4c | 0 | | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | |
| | statement) | 5 | 0 | | | 0 |
| 6 | Rent income (Part IV) | 6 | 0 | | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 |) | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| _ | organization (Part VI) | 8 | 0 | | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | |
| | organizations (Part VII) | 9 | 0 | | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 | 0 | | 0 | 0 |
| Par | t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco | | limitations on de | ductions. Dec | luctio | ns must be |
| 1 | Compensation of officers, directors, and trustees (Part X) $\ . \ .$ | | | | 1 | 0 |
| 2 | Salaries and wages | | | | 2 | 0 |
| 3 | Repairs and maintenance | | | | 3 | 0 |
| 4 | Bad debts | | | | 4 | 0 |
| 5 | Interest (attach statement). See instructions | | | | 5 | 0 |
| 6 | Taxes and licenses | | | | 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | 7 | 0 | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | | | | 0 |
| 9 | Depletion | | | | 9 | 0 |
| 10 | Contributions to deferred compensation plans | | | | 10 | 0 |
| 11 | Employee benefit programs | | | | 11 | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | 12 | 0 |
| 13 | Excess readership costs (Part IX) | | | | 13 | 0 |
| 14 | Other deductions (attach statement) | | | | 14 | 0 |
| 15 | Total deductions. Add lines 1 through 14 | | | | 15 | 0 |
| 16 | Unrelated business income before net operating loss deductio column (C) | | | | 16 | 0 |
| 17 | Deduction for net operating loss. See instructions | | | | 17 | 0 |
| 18 | Unrelated business taxable income. Subtract line 17 from lin | ne 16 | | | 18 | 0 |
| For Pa | perwork Reduction Act Notice, see instructions. | Ca | t. No. 74036O | | Sched | ule A (Form 990-T) 2022 |

| | le A (Form 990-T) 2022 | | | | Page 2 |
|--------|---|-------------------------|-------------------------|------------------------|-----------------------|
| | Cost of Goods Sold Enter me | | | | |
| 1 | Inventory at beginning of year | | | | 0 |
| 2 | Purchases | | | | 0 |
| 3 4 | Cost of labor | | | | 0 |
| 5 | Other costs (attach statement) | | | | 0 |
| 6 | Total. Add lines 1 through 5. | | | | 0 |
| 7 | Inventory at end of year | | | | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | Enter here and in Pa | rt I, line 2 | 8 | 0 |
| 9 | Do the rules of section 263A (with respect to prope | | | | 🗌 Yes 🗌 No |
| | IV Rent Income (From Real Property an | | - | | |
| 1 | Description of property (property street address, | city, state, ZIP code | e). Check if a dual-us | se. See instructions. | |
| | A [_] | | | | |
| | c 🗆 | | | | |
| | D [] | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% but not more than 50%) | | | | |
| h | , | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) . | | | | |
| с | Total rents received or accrued by property. | | | | |
| | Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c column | s A through D. Enter | bere and on Part L li | ne 6. column (A) | 0 |
| | | | | | Ũ |
| 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 c | on Part I, line 6, colu | mn (B) | 0 |
| Par | V Unrelated Debt-Financed Income (se | e instructions) | | | |
| 1 | Description of debt-financed property (street add | dress, city, state, ZIF | code). Check if a d | ual-use. See instructi | ons. |
| | A 🗌 | | | | |
| | B | | | | |
| | | | | | |
| | D 🗌 | Α | В | C | D |
| 2 | Gross income from or allocable to debt-financed | <u>A</u> | D | U | U |
| _ | 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 ar | nd on Part I, line 7, c | olumn (A) | 0 |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns | A through D. Enter h | here and on Part I. lin | e 7, column (B) | 0 |
| 11 | Total dividends — received deductions include | - | | | 0 |
| | | | | | ο Δ (Form 990-T) 2022 |

| Par | t VI Interest, Annuit | ties, Royaltie | s, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions | 3) |
|------|--|---|--|--------|--|--|---|--|
| | | Exempt Controlled Organizations | | | | | | |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | : unrelated me (loss) structions) | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0 | Ente | I columns 6 and 11. r here and on Part I, ine 8, column (B) 0 |
| Par | t VII Investment Inc | ome of a Sec | ction 501(c)(7 | 7). (9 |). or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | nt of income | с | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. e and on Part I, column (A) | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) | |
| Tota | als | | 0 | | | | | 0 |
| Par | VIII Exploited Exem | npt Activity I | ncome, Othe | r Th | an Advertising In | come (see instructions | 5) | |
| 1 | Description of exploited | d activity: | | | | | | |
| 2 | Gross unrelated busine | ss income fron | n trade or busi | ness. | Enter here and on P | art I, line 10, column (A) | 2 | |
| 3 | 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | | | | | | 3 | |
| 4 | 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, completing 5 through 7 | | | | | 4 | | |
| 5 | Gross income from act | | | | | | 5 | |
| 6 | Expenses attributable t | o income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expens 4. Enter here and on Pa | | | | | than the amount on line | 7 | |

| Par | IX Advertising Income | | | | | | | |
|--------|---|-------------------------------|-----------------------|------------------|--|---|--|--|
| 1 | Name(s) of periodical(s). Check box if re | porting t | wo or more periodi | cals on a consol | idated basis. | | | |
| | A 🗌 | | | | | | | |
| | В 🗌 | | | | | | | |
| | C 🗌 | | | | | | | |
| | D | | | | | | | |
| Enter | amounts for each periodical listed above | in the co | | | | | | |
| 2 | Gross advertising income | | Α | В | C | D | | |
| 2 | - | • • • | | | | | | |
| 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 a | nd on Pa | rt I, line 11, column | (B) | | 0 | | |
| 4 | Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, Iumn in omplete | | | | | | |
| 5 | Readership costs | | | | | | | |
| 6 7 | Circulation income . Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero . | ss than 5 is less | | | | | | |
| 8 | Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | as a gain on | | | | | | |
| а | Add line 8, columns A through D. Enter | | | | | | | |
| | Part II, line 13 | | | | | 0 | | |
| Par | t X Compensation of Officers, Di | rectors | , and Trustees (s | ee instructions | 1 1 | | | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | Compensation attributable to unrelated business | | |
| (1) | | | | | % | | | |
| (2) | | | | | % | | | |
| (3) | | | | | % | | | |
| (4) | | | | | % | | | |
| Tota | II. Enter here and on Part II, line 1 . | | | | | 0 | | |
| Par | XI Supplemental Information (se | e instru | ctions) | | | 0 | | |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> for instructions and the latest Do not enter SSN numbers on this form as it may be made public if your or | | Open to | | spection for ations Only |
|--|--|----------------|------------|--------|-----------------------------|
| A Name of the organizat | ion | B Employer ide | ntificatio | n numb | er |
| CHARLES KOCH FOUND | DATION | 48-0918408 | | | |
| C Unrelated business | activity code (see instructions) | D Sequence: | 7 | of | 19 |
| E Describe the unrelat | red trade or business FUND 7 | | | | |

| Par | t I Unrelated Trade or Business Income | | (A) Income | (B) Expense | es | (C) Net | |
|--|--|----|------------|-----------------|----|---------|--|
| 1a | Gross receipts or sales 0 | | | | | | |
| b | Less returns and allowances 0 c Balance | 1c | 0 | | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | | 0 | |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | | | |
| | Form 1120)). See instructions | 4a | 0 | | | 0 | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | | | | |
| | instructions | 4b | 0 | | | 0 | |
| С | Capital loss deduction for trusts | 4c | 0 | | | 0 | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | | |
| | statement) | 5 | 0 | | | 0 | |
| 6 | Rent income (Part IV) | 6 | 0 | | 0 | 0 | |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | | 0 | 0 | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | | |
| • | organization (Part VI) | 8 | 0 | | 0 | 0 | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | | |
| | organizations (Part VII) | 9 | 0 | | 0 | 0 | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | | 0 | 0 | |
| 11 | Advertising income (Part IX) | 11 | 0 | | 0 | 0 | |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | | 0 | |
| 13 | Total. Combine lines 3 through 12 | 13 | 0 | | 0 | 0 | |
| Par | Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. | | | | | | |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1 | 0 | |
| 2 | Salaries and wages | | | | 2 | 0 | |
| 3 | Repairs and maintenance | | | | 3 | 0 | |
| 4 | Bad debts | | | | 4 | 0 | |
| 5 | Interest (attach statement). See instructions | | | | 5 | 0 | |
| 6 | Taxes and licenses | | 1 1 | | 6 | 0 | |
| 7 | Depreciation (attach Form 4562). See instructions | | | 0 | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | | 0 | 8b | 0 | |
| 9 | Depletion | | | | 9 | 0 | |
| 10 | Contributions to deferred compensation plans | | | | 10 | 0 | |
| 11 | Employee benefit programs | | | | 11 | 0 | |
| 12 | Excess exempt expenses (Part VIII) | | | | 12 | 0 | |
| 13 | Excess readership costs (Part IX) | | | | 13 | 0 | |
| 14 | Other deductions (attach statement) | | | | 14 | 0 | |
| 15 | Total deductions. Add lines 1 through 14 | | | | 15 | 0 | |
| 16 | Unrelated business income before net operating loss deduction column (C) | | | art i, line 13, | | | |
| | | | | | 16 | 0 | |
| 17 | 1 5 | | | | 17 | 0 | |
| 18 | Unrelated business taxable income. Subtract line 17 from lin | | | <u></u> | 18 | 0 | |
| For Paperwork Reduction Act Notice, see instructions.Cat. No. 740360Schedule A | | | | | | | |

| - | le A (Form 990-T) 2022 | | | | Page | e 2 |
|---|--|--|---|-------------------------|------|----------|
| | Cost of Goods Sold Enter me | | | | | |
| 1 | Inventory at beginning of year | | | | | 0 |
| 2 3 | | | | | | 0 |
| 3 4 | Cost of labor | | | | | 0 |
| 5 | Other costs (attach statement) | | | | | 0 |
| 6 | Total. Add lines 1 through 5. | | | | | 0 |
| 7 | Inventory at end of year | | | 7 | | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | | | | | 0 |
| 9 | Do the rules of section 263A (with respect to proper | | | | | 0 |
| Pan 1 | Rent Income (From Real Property an Description of property (property street address, | | - | | | |
| | A | City, State, ZIP CODE | | | | |
| | B | | | | | |
| | c 🗌 | | | | | |
| | D 🗌 | T | | 1 | | |
| _ | | 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 column | ns A through D. Enter | here and on Part I, li | ne 6, column (A) | | 0 |
| 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 o | n Part I, line 6, colu | mn (B) | | 0 |
| Par | | | ,, | | | |
| 1 | Description of debt-financed property (street add | , | code) Check if a d | ual-use. See instructio | ns | |
| • | A | | | | | |
| | B 🗌 | | | | | |
| | C 🗌 | | | | | |
| | D 🗌 | | | | | |
| 2 | | | | • | | |
| | Gross income from or allocable to debt-financed | Α | В | C | D | |
| 2 | Gross income from or allocable to debt-financed property | A | В | C | D | |
| 2 | property | A | В | C | D | |
| | | Α | В | С | D | |
| | property | Α | В | C | D | |
| 3 | property | A | B | C | D | |
| 3 a | propertyDeductions directly connected with or allocable to debt-financed propertyStraight line depreciation (attach statement)Other deductions (attach statement)Total deductions (add lines 3a and 3b, | A | B | C | D | |
| 3 a b c | property | A | B | C | | |
| 3 a b | property | A | B | C | D | |
| 3 a b c | property | A | B | C | D | |
| 3 a b c 4 | property | A | B | C | D | |
| 3 a b c 4 | property | A | B | C | | % |
| 3 b c 4 5 | property | | | | | % |
| 3 b c 4 5 6 | property | % | % | % | | <u>%</u> |
| 3 b c 4 5 6 7 8 | property | % | % | % | | |
| 3 b c 4 5 6 7 8 9 | propertyDeductions directly connected with or allocableto debt-financed propertyStraight line depreciation (attach statement)Other deductions (attach statement)Total deductions (add lines 3a and 3b,columns A through D)Amount of average acquisition debt on or allocableto debt-financed property (attach statement)Average adjusted basis of or allocable to debt-financed property (attach statement)Divide line 4 by line 5Gross income reportable. Multiply line 2 by line 6Total gross income (add line 7, columns A through Allocable deductions. Multiply line 3c by line 6 | % ugh D). Enter here ar | % nd on Part I, line 7, c | | | 0 |
| 3 b c 4 5 6 7 8 | property | % ugh D). Enter here ar A through D. Enter h | nd on Part I, line 7, c ere and on Part I, lin | % | | |

| Par | t VI Interest, Annuiti | es, Royaltie | es, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions | ;) | |
|------|---|--|--|--------|--|--|--|---|--|
| | | | Exempt Controlled Organizations | | | | | | |
| | 1. Name of controlled organization | 2. Employer identification number | | | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | | |
| | 7. Taxable income | inco | income (loss) payments made that | | | | 10. Part of column 9 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 10 |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Ente | I columns 6 and 11. r here and on Part I, ne 8, column (B) 0 | |
| Par | t VII Investment Inco | me of a Sec | ction 501(c)() | 7), (9 |), or (17) Organiza | ation (see instructions) | | | |
| | 1. Description of income | | int of income | c | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Ente | amounts in column 5. r here and on Part I, ne 9, column (B) | |
| Tota | | | 0 | | | | | 0 | |
| Par | - | | ncome, Othe | er Th | an Advertising In | come (see instructions | 3) | | |
| 1 | Description of exploited | • | | | | | | | |
| 2 | Gross unrelated busines | | | | | | 2 | | |
| 3 | Expenses directly conne line 10, column (B) | | | | | | 3 | | |
| 4 | Net income (loss) from lines 5 through 7 | | | | | | 4 | | |
| 5 | Gross income from activ | | | | | | 5 | | |
| 6 | Expenses attributable to | income ente | red on line 5 | | | | 6 | | |
| 7 | Excess exempt expense 4. Enter here and on Par | | | | | | 7 | | |

| Par | Advertising Income | | | | | |
|-------|---|--------------------------------|----------------------|------------------|---|---|
| 1 | Name(s) of periodical(s). Check box if re | eporting tv | wo or more periodi | cals on a consol | idated basis. | |
| | A 🗌 | | | | | |
| | В 🗌 | | | | | |
| | C 🗌 | | | | | |
| | D | | | | | |
| Enter | amounts for each periodical listed above | in the co | | | | |
| 2 | Gross advertising income | - | Α | В | С | D |
| 2 | - | · · · [| | | | |
| а | Add columns A through D. Enter here a | nd on Par | t I, line 11, column | (A) | | 0 |
| 3 | Direct advertising costs by periodical | [| | | | |
| а | Add columns A through D. Enter here a | nd on Par | t I, line 11, column | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, olumn in omplete | | | | |
| 5 | Readership costs | | | | | |
| 6 | Circulation income | [| | | | |
| 7 | Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero | 5 is less | | | | |
| 8 | Excess readership costs allowed | L | | | | |
| 0 | deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | gain on | | | | |
| а | Add line 8, columns A through D. Ent Part II, line 13 | | | | | |
| Par | t X Compensation of Officers, Di | | | | | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tata | I Enter have and an Dart II. line 1 | | | | | |
| Dar | II. Enter here and on Part II, line 1 . XII Supplemental Information (se | | <u></u> | | | 0 |
| r ai | Supplemental mormation (se | | 5110115) | | | |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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|--|---|--------------------|---------------------------|-----------------------------|---------|----|
| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> for instructions Do not enter SSN numbers on this form as it may be made | Open to 501(c)(| Public Ins 3) Organiza | spection for ations Only | | |
| A Name of the organizat | ion | 1 | B Employer iden | tificatio | on numb | er |
| CHARLES KOCH FOUND | DATION | | 48- | 091840 |)918408 | |
| C Unrelated business | activity code (see instructions) | 108 | D Sequence: | 8 | of | 19 |
| E Describe the unrelat | ed trade or business FUND 8 | | | | | |
| Part I Unrelate | d Trade or Business Income | (A) Income | (B) Expenses | | (C) N | |

| Pa | t Unrelated Trade or Business Income | | (A) Income | (B) Ex | penses | (C) Net |
|----------|--|----|--------------------|-----------|----------|--------------------------|
| 1a | Gross receipts or sales 0 | | | | | |
| b | Less returns and allowances 0 c Balance | 1c | 0 | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | | |
| | Form 1120)). See instructions | 4a | 0 | | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | | | |
| | instructions | 4b | 0 | | | 0 |
| С | Capital loss deduction for trusts | 4c | 0 | | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | |
| | statement) | 5 | 281 | | | 281 |
| 6 | Rent income (Part IV) | 6 | 0 | | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| - | organization (Part VI) | 8 | 0 | | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | |
| | organizations (Part VII) | 9 | 0 | | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 | 281 | | 0 | 281 |
| Par | t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco | | limitations on dec | ductions. | Deductio | ons must be |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | . 1 | 0 |
| 2 | Salaries and wages | | | | . 2 | 0 |
| 3 | Repairs and maintenance | | | | . 3 | 0 |
| 4 | Bad debts | | | | . 4 | 0 |
| 5 | Interest (attach statement). See instructions | | | | | 0 |
| 6 | Taxes and licenses | | | | . 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | | | 0 | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | | | 0 8b | 0 |
| 9 | Depletion | | | | | 0 |
| 10 | Contributions to deferred compensation plans | | | | | 0 |
| 11 | Employee benefit programs | | | | | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | | 0 |
| 13 | Excess readership costs (Part IX) | | | | | 0 |
| 14 | Other deductions (attach statement) | | | | | 0 |
| 15 16 | Total deductions. Add lines 1 through 14 | | | | | 0 |
| 16 | Unrelated business income before net operating loss deductio | | | | | |
| | column (C) | | | | 10 | 281 |
| 17 | Deduction for net operating loss. See instructions | | | | | 0 |
| 18 | Unrelated business taxable income. Subtract line 17 from lin | | | | | 281 |
| FOL Pa | aperwork Reduction Act Notice, see instructions. | Ca | at. No. 74036O | | Sched | lule A (Form 990-T) 2022 |

| - | le A (Form 990-T) 2022 | | | | Page | e 2 |
|---|--|--|---|-------------------------|------|----------|
| | Cost of Goods Sold Enter me | | | | | |
| 1 | Inventory at beginning of year | | | | | 0 |
| 2 3 | | | | | | 0 |
| 3 4 | Cost of labor | | | | | 0 |
| 5 | Other costs (attach statement) | | | | | 0 |
| 6 | Total. Add lines 1 through 5. | | | | | 0 |
| 7 | Inventory at end of year | | | 7 | | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | | | | | 0 |
| 9 | Do the rules of section 263A (with respect to proper | | | | | 0 |
| Pan 1 | Rent Income (From Real Property an Description of property (property street address, | | - | | | |
| | A | City, State, ZIP CODE | | | | |
| | B | | | | | |
| | c 🗌 | | | | | |
| | D 🗌 | T | | 1 | | |
| _ | | 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 column | ns A through D. Enter | here and on Part I, li | ne 6, column (A) | | 0 |
| 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 o | n Part I, line 6, colu | mn (B) | | 0 |
| Par | | | ,, | | | |
| 1 | Description of debt-financed property (street add | , | code) Check if a d | ual-use. See instructio | ns | |
| • | A | | | | | |
| | B 🗌 | | | | | |
| | C 🗌 | | | | | |
| | D 🗌 | | | | | |
| 2 | | | | • | | |
| | Gross income from or allocable to debt-financed | Α | В | C | D | |
| 2 | Gross income from or allocable to debt-financed property | A | В | C | D | |
| 2 | property | A | В | C | D | |
| | | Α | В | С | D | |
| | property | Α | В | C | D | |
| 3 | property | A | B | C | D | |
| 3 a | propertyDeductions directly connected with or allocable to debt-financed propertyStraight line depreciation (attach statement)Other deductions (attach statement)Total deductions (add lines 3a and 3b, | A | B | C | D | |
| 3 a b c | property | A | B | C | | |
| 3 a b | property | A | B | C | D | |
| 3 a b c | property | A | B | C | D | |
| 3 a b c 4 | property | A | B | C | D | |
| 3 a b c 4 | property | A | B | C | | % |
| 3 b c 4 5 | property | | | | | % |
| 3 b c 4 5 6 | property | % | % | % | | <u>%</u> |
| 3 b c 4 5 6 7 8 | property | % | % | % | | |
| 3 b c 4 5 6 7 8 9 | propertyDeductions directly connected with or allocableto debt-financed propertyStraight line depreciation (attach statement)Other deductions (attach statement)Total deductions (add lines 3a and 3b,columns A through D)Amount of average acquisition debt on or allocableto debt-financed property (attach statement)Average adjusted basis of or allocable to debt-financed property (attach statement)Divide line 4 by line 5Gross income reportable. Multiply line 2 by line 6Total gross income (add line 7, columns A through Allocable deductions. Multiply line 3c by line 6 | % ugh D). Enter here ar | % nd on Part I, line 7, c | | | 0 |
| 3 b c 4 5 6 7 8 | property | % ugh D). Enter here ar A through D. Enter h | nd on Part I, line 7, c ere and on Part I, lin | % | | |

| Par | Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) | | | | | | | 3) | | | |
|------|--|---|--|--------|--|--|--|--|--|--|--|
| | | | Exempt Controlled Organizations | | | | | | | | |
| | 1. Name of controlled organization | 2. Employer identification number | ation income (loss | | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | | | | |
| | 7. Taxable income | | | | 10. Part of column 9 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 10 | | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0 | Ente | I columns 6 and 11. r here and on Part I, ine 8, column (B) 0 | | | |
| Par | t VII Investment Inc | ome of a Sec | ction 501(c)(7 | 7). (9 |). or (17) Organiza | ation (see instructions) | | | | | |
| | 1. Description of income | | nt of income | с | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | Enter here | nts in column 2. e and on Part I, column (A) | | | | Ente | amounts in column 5. r here and on Part I, ine 9, column (B) | | | |
| Tota | als | | 0 | | | | | 0 | | | |
| Par | VIII Exploited Exem | npt Activity I | ncome, Othe | r Th | an Advertising In | come (see instructions | 5) | | | | |
| 1 | Description of exploited | d activity: | | | | | | | | | |
| 2 | Gross unrelated busine | ss income fron | n trade or busi | ness. | Enter here and on P | art I, line 10, column (A) | 2 | | | | |
| 3 | Expenses directly conn line 10, column (B) | | | | | Enter here and on Part I, | 3 | | | | |
| 4 | Net income (loss) from lines 5 through 7 | | | | | e 2. If a gain, complete | 4 | | | | |
| 5 | Gross income from act | | | | | | 5 | | | | |
| 6 | Expenses attributable t | o income ente | red on line 5 | | | | 6 | | | | |
| 7 | Excess exempt expens 4. Enter here and on Pa | | | | | than the amount on line | 7 | | | | |

| Par | Advertising Income | | | | | |
|-------------|--|--------------------------------|-----------------------|------------------|--|--|
| 1 | Name(s) of periodical(s). Check box if re | eporting t | wo or more periodi | cals on a consol | idated basis. | |
| | A 🗌 | | | | | |
| | В 🗌 | | | | | |
| | C 🗌 | | | | | |
| - | | | | | | |
| Enter | amounts for each periodical listed above | in the co | A | n. B | С | D |
| 2 | Gross advertising income | | | | U | |
| a | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (A) | | 0 |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 f 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, plumn in omplete | | | | |
| 5 6 7 | Readership costs | ess than 5 is less | | | | |
| 8 | than line 6, enter zero Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | as a gain on | | | | |
| а | Add line 8, columns A through D. Ent Part II, line 13 | er the g | | | | |
| Par | t X Compensation of Officers, Di | irectors | , and Trustees (s | ee instructions | 6) | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | II. Enter here and on Part II, line 1. XI Supplemental Information (se | | | | | 00 |
| Par | Supplemental Information (se | | ctions) | | | |
| | | | | | | |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> for instructions and the latest Do not enter SSN numbers on this form as it may be made public if your or | | Public Ins 3) Organiz | | | |
|--|--|---|--------------------------|---------|---------|----|
| A Name of the organization B Employer ident | | | | | on numb | er |
| CHARLES KOCH FOUND | DATION | | 48 | -091840 | 8 | |
| C Unrelated business | activity code (see instructions) | D | Sequence: | 9 | of | 19 |
| E Describe the unrelat | ed trade or business FUND 9 | | | | | |

| Par | t I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|----------|--|--------|-----------------------|-------------------------------|--------------------------|
| 1a | Gross receipts or sales 0 | | | | |
| b | Less returns and allowances 0 c Balance | 1c | 0 | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | 0 | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | | |
| | | 4b | 0 | | 0 |
| с 5 | Capital loss deduction for trusts | 4c | 0 | | 0 |
| | statement) | 5 | 0 | | 0 |
| 6 | Rent income (Part IV) | 6 | 0 | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | - | - |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Part VI) | 8 | 0 | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | |
| | organizations (Part VII) | 9 | 0 | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 | 0 | 0 | 0 |
| Par | t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco | | limitations on dec | ductions. Deduction | ons must be |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | 1 | 0 |
| 2 | Salaries and wages | | | 2 | 0 |
| 3 | Repairs and maintenance | | | | 0 |
| 4 | Bad debts | | | 4 | 0 |
| 5 | Interest (attach statement). See instructions | | | 5 | 0 |
| 6 | Taxes and licenses | | | 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | 7 | 0 | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | 8a | 0 8b | 0 |
| 9 | Depletion | | | 9 | 0 |
| 10 | Contributions to deferred compensation plans | | | | 0 |
| 11 | Employee benefit programs | | | | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | 0 |
| 13 | Excess readership costs (Part IX) | | | 13 | 0 |
| 14 | Other deductions (attach statement) | | | 14 | 0 |
| 15 16 | Total deductions. Add lines 1 through 14 . | n. Sul | otract line 15 from F | 15 Part I, line 13, | 0 |
| | column (C) | | | · · · · 16 | 0 |
| 17 | Deduction for net operating loss. See instructions | | | 17 | 0 |
| 18 | Unrelated business taxable income. Subtract line 17 from lin | ie 16 | | 18 | 0 |
| For Pa | perwork Reduction Act Notice, see instructions. | Ca | at. No. 74036O | Sche | dule A (Form 990-T) 2022 |

| Schedu | le A (Form 990-T) 2022 | | | | Page 2 |
|---|---|--|--|---------------------------------------|---------------|
| Par | | thod of inventory valu | | | |
| 1 | Inventory at beginning of year | | | | 0 |
| 2 3 | Purchases . | | | | 0 |
| 4 | Additional section 263A costs (attach statement) | | | | 0 |
| 5 | Other costs (attach statement) | | | | 0 |
| 6 | Total. Add lines 1 through 5 | | | | 0 |
| 7 | Inventory at end of year | | | | 0 |
| 8 9 | Cost of goods sold. Subtract line 7 from line 6. I Do the rules of section 263A (with respect to prope | | | | 0 ? |
| | N Rent Income (From Real Property and | | | | |
| 1 | Description of property (property street address, A | city, state, ZIP code). | - | | |
| | 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 column | ns A through D. Enter h | ere and on Part I, lin | e 6, column (A) | 0 |
| - | | | | | |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| | in lines 2(a) and 2(b) (attach statement) | e instructions) | | | |
| 4 5 Par | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP o | | | |
| 4 5 Par | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP o | | | |
| 4 5 Par | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP o | | | |
| 4 5 Par | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP o | code). Check if a du | al-use. See instruct | ions. |
| 4 5 Par 1 | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP o | code). Check if a du | al-use. See instruct | ions. |
| 4 5 Par 1 2 3 a | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP o | code). Check if a du | al-use. See instruct | ions. |
| 4 5 Pari 1 2 3 | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP o | code). Check if a du | al-use. See instruct | ions. |
| 4 5 Par 1 2 3 a b | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP o | code). Check if a du | al-use. See instruct | ions. |
| 4 5 Par 1 2 3 a b c | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP o | code). Check if a du | al-use. See instruct | ions. |
| 4 5 Par 1 2 3 a b c 4 5 6 | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP o | code). Check if a du | al-use. See instruct | ions. |
| 4 5 Par 1 2 3 a b c 4 5 4 5 7 | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP of A | B % | C | D |
| 4 5 Par 1 2 3 a b c 4 5 6 7 8 | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP of A | B % | C | D |
| 4 5 Par 1 2 3 a b c 4 5 6 7 8 9 | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP o A A y ugh D). Enter here and | B B Non Part I, line 7, co | C C C C C C C C C C C C C C C C C C C | ions. |
| 4 5 Par 1 2 3 a b c 4 5 6 7 8 | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP of A A ugh D). Enter here and A through D. Enter he | B B 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | C C C C C C C C C C C C C C C C C C C | D |

| Par | Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instruct | | | | | | ctions | ;) |
|------|---|--|--|--------|--|--|---|---|
| | Exempt Controlled Organizations | | | | | | | |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | t unrelated me (loss) Istructions) | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Ente | I columns 6 and 11. r here and on Part I, ne 8, column (B) 0 |
| Par | t VII Investment Inco | me of a Sec | ction 501(c)() | 7), (9 |), or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | int of income | c | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Add amounts in column Enter here and on Part line 9, column (B) | |
| Tota | | | 0 | | | | | 0 |
| Par | - | | ncome, Othe | er Th | an Advertising In | come (see instructions | 3) | |
| 1 | Description of exploited | • | | | | | | |
| 2 | Gross unrelated busines | | | | | | 2 | |
| 3 | Expenses directly conne line 10, column (B) | | | | | | 3 | |
| 4 | Net income (loss) from lines 5 through 7 | | | | | | 4 | |
| 5 | Gross income from activ | | | | | | 5 | |
| 6 | Expenses attributable to | income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expense 4. Enter here and on Par | | | | | | 7 | |

| Par | Advertising Income | | | | | : |
|-------|--|--------------------------------|-----------------------|-----------------|--|---|
| 1 | Name(s) of periodical(s). Check box if re | porting t | wo or more periodic | als on a consol | idated basis. | |
| | A 🗌 | | | | | |
| | В 🗌 | | | | | |
| | C 🗌 | | | | | |
| | D | | | | | |
| Enter | amounts for each periodical listed above | in the co | | | | _ |
| 2 | Gross advertising income | | Α | В | С | D |
| 2 | - | • • • | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (A) | | 0 |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 f 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, olumn in omplete | | | | |
| 5 | Readership costs | | | | | |
| 6 | Circulation income | | | | | |
| 7 | Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line than line 6, enter zero | 5 is less | | | | |
| 8 | Excess readership costs allowed | | | | | |
| 0 | deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | gain on | | | | |
| а | Add line 8, columns A through D. Ent Part II, line 13 | | | | | |
| Par | t X Compensation of Officers, Di | | | | | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | I. Enter here and on Part II, line 1 . | | | | | 0 |
| Par | XI Supplemental Information (se | e instru | ctions) | | | 0 |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> for instructions and the latest Do not enter SSN numbers on this form as it may be made public if your or | | | | Public Ins 3) Organiza | |
|--|--|---|---------------|------------|---------------------------|----|
| A Name of the organizat | ion | B | Employer ider | ntificatio | on numb | er |
| CHARLES KOCH FOUND | DATION | | 48 | 8-091840 | 8 | |
| C Unrelated business | activity code (see instructions) | D | Sequence: | 10 | of | 19 |
| E Describe the unrelat | red trade or business FUND 10 | | | | | |

| Par | t Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--------|---|-------|--------------------|---------------------|-------------------------|
| 1a | Gross receipts or sales 0 | | | | |
| b | Less returns and allowances 0 c Balance | 1c | 0 | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | |
| | Form 1120)). See instructions | 4a | 0 | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | 0 | | 0 |
| с | Capital loss deduction for trusts | 4c | 0 | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| | statement) | 5 | 235,525 | | 235,525 |
| 6 | Rent income (Part IV) | 6 | 0 | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Part VI) | 8 | 0 | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | |
| | organizations (Part VII) | 9 | 0 | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 | 235,525 | 0 | 235,525 |
| Par | t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco | | limitations on dec | ductions. Deduction | ons must be |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | 1 | 0 |
| 2 | Salaries and wages | | | 2 | 0 |
| 3 | Repairs and maintenance | | | 3 | 0 |
| 4 | Bad debts | | | 4 | 0 |
| 5 | Interest (attach statement). See instructions | | | 5 | 0 |
| 6 | Taxes and licenses | | | 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | 7 | 0 | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | 8a | 0 8b | 0 |
| 9 | Depletion | | | 9 | 0 |
| 10 | Contributions to deferred compensation plans | | | 10 | 0 |
| 11 | Employee benefit programs | | | | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | 0 |
| 13 | Excess readership costs (Part IX) | | | 13 | 0 |
| 14 | Other deductions (attach statement) | | | | 0 |
| 15 | Total deductions. Add lines 1 through 14 | | | | 0 |
| 16 | Unrelated business income before net operating loss deductio column (C) | | | | 235,525 |
| 17 | Deduction for net operating loss. See instructions | | | 17 | 0 |
| 18 | Unrelated business taxable income. Subtract line 17 from lin | ne 16 | | 18 | 235,525 |
| For Pa | perwork Reduction Act Notice, see instructions. | Ca | it. No. 74036O | Schee | ule A (Form 990-T) 2022 |

| Schedu | le A (Form 990-T) 2022 | | | | Page 2 |
|------------------|---|--|-------------------------|------------------|---------------------|
| Par | t III Cost of Goods Sold Enter met | | | | |
| 1 | Inventory at beginning of year | | | | 0 |
| 2 | | | | | 0 |
| 3 4 | Cost of labor | | | | 0 |
| 5 | Other costs (attach statement) | | | | 0 |
| 6 | Total. Add lines 1 through 5. | | | | 0 |
| 7 | Inventory at end of year | | | | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | | | | 0 |
| 9 | Do the rules of section 263A (with respect to property and Rent Income (From Real Property and | | | | Yes No |
| 1 | Description of property (property street address, A B C C | city, state, ZIP code | - | | |
| | D | ٨ | В | С | D |
| 2 | Rent received or accrued | A | В | <u> </u> | U |
| 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 column | s A through D. Enter | nere and on Part I, lir | ne 6, column (A) | 0 |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| Par 1 | Description of debt-financed property (street add A B | e instructions) Iress, city, state, ZIP | | | ons. |
| | C □ | | | | |
| | | 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 C | Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt- financed property (attach statement) | | | | |
| 6 7 | Divide line 4 by line 5 | % | % | % | % |
| 8 | Total gross income (add line 7, columns A throu | igh D) Enter here on | d on Part L line 7 o | olumn (A) | 0 |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | 0 |
| 10 | Total allocable deductions. Add line 9, columns | A through D. Enter h | ere and on Part I, lin | e 7, column (B) | 0 |
| 11 | Total dividends — received deductions include | - | | | 0 |
| les Ko)91840 | ch Foundation | | 40 | | A (Form 990-T) 2022 |

| Par | Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instruct | | | | | | ctions | 3) |
|------|---|---|--|--------|--|--|--|--|
| | | Exempt Controlled Organizations | | | | | | |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | : unrelated me (loss) structions) | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0 | Ente | I columns 6 and 11. r here and on Part I, ine 8, column (B) 0 |
| Par | t VII Investment Inc | ome of a Sec | ction 501(c)(7 | 7). (9 |). or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | nt of income | с | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. e and on Part I, column (A) | | | | Add amounts in column 5 Enter here and on Part I, line 9, column (B) | |
| Tota | als | | 0 | | | | | 0 |
| Par | VIII Exploited Exem | npt Activity I | ncome, Othe | r Th | an Advertising In | come (see instructions | 5) | |
| 1 | Description of exploited | d activity: | | | | | | |
| 2 | Gross unrelated busine | ss income fron | n trade or busi | ness. | Enter here and on P | art I, line 10, column (A) | 2 | |
| 3 | Expenses directly conn line 10, column (B) | | | | | Enter here and on Part I, | 3 | |
| 4 | | | | 4 | | | | |
| 5 | Gross income from act | | | | | | 5 | |
| 6 | Expenses attributable t | o income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expens 4. Enter here and on Pa | | | | | than the amount on line | 7 | |

| Par | Advertising Income | | | | | |
|--------|---|--------------------------------|-----------------------|------------------|--|---|
| 1 | Name(s) of periodical(s). Check box if re | porting t | wo or more period | cals on a consol | lidated basis. | |
| | A 🗌 | | | | | |
| | B | | | | | |
| | C 🗌 | | | | | |
| Entor | amounts for each periodical listed above | in the co | rresponding colum | n | | |
| Linter | amounts for each periodical listed above | | A | B | С | D |
| 2 | Gross advertising income | | | | | |
| а | Add columns A through D. Enter here a | nd on Pai | rt I, line 11, columr | (A) | | 0 |
| 3 | Direct advertising costs by periodical | [| | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, columr | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, olumn in omplete | | | | |
| 5 | Readership costs | | | | | |
| 6 7 | Circulation income Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero | ess than 5 is less | | | | |
| 8 | Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | gain on | | | | |
| а | Add line 8, columns A through D. Ent Part II, line 13 | | | | | |
| Par | t X Compensation of Officers, Di | rectors | and Trustees (s | see instructions | 6) | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | I. Enter here and on Part II, line 1 . | | | | | |
| Par | Supplemental Information (se | · · · | ctions) | · · · · · · | | 0 |
| r ar | | | | | | |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> for instructions and the latest info Do not enter SSN numbers on this form as it may be made public if your organ | ormation. ization is a 501(c)(3). | | ublic Ins Organiza | |
|--|--|--------------------------------------|------------|-----------------------|----|
| A Name of the organizati | on | B Employer ider | tification | numbe | r |
| CHARLES KOCH FOUND | DATION | 48 | -0918408 | | |
| C Unrelated business | activity code (see instructions) | D Sequence: | 11 | of | 19 |

E Describe the unrelated trade or business FUND 11

| Par | t I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | | (C) Net |
|----------|---|-----------|--------------------|----------------|----------|-------------------------------------|
| 1a | Gross receipts or sales 0 | | | | | |
| b | Less returns and allowances0 c Balance | 1c | 0 | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | | |
| | Form 1120)). See instructions | 4a | 0 | | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | | | |
| | instructions | 4b | 0 | | | 0 |
| c | Capital loss deduction for trusts | 4c | 0 | | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | |
| | statement) | 5 | (88,065) | | | (88,065) |
| 6 | Rent income (Part IV) | 6 | 0 | | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| • | organization (Part VI) | 8 | 0 | | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | | | | | |
| | | 9 | 0 | | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | | 0 | 0 |
| 12 13 | Other income (see instructions; attach statement) | 12 13 | 0 | | 0 | 0 |
| _ | Total. Combine lines 3 through 12 | | (88,065) | ustisus Dadu | - | (88,065) |
| Par | Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco | | limitations on ded | luctions. Dedu | CTIO | ns must be |
| 1 | Compensation of officers, directors, and trustees (Part X) $\ . \ .$ | | | | 1 | 0 |
| 2 | Salaries and wages | | | | 2 | 0 |
| 3 | Repairs and maintenance | | | | 3 | 0 |
| 4 | Bad debts | | | | 4 | 0 |
| 5 | Interest (attach statement). See instructions | | | | 5 | 0 |
| 6 | Taxes and licenses | | | | 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | | 0 | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | | | 8b | 0 |
| 9 | Depletion | | | · · · · ⊢ | 9 | 0 |
| 10 | Contributions to deferred compensation plans | | | | 10 | 0 |
| 11 | Employee benefit programs | | | | 11 | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | 12 | 0 |
| 13 | Excess readership costs (Part IX) | • • | | | 13 | 0 |
| 14 | Other deductions (attach statement) | | | | 14 | 0 |
| 15 16 | Total deductions. Add lines 1 through 14 | n Sul | | | 15 | 0 |
| 10 | column (C) | | | | 10 | (00.005) |
| 47 | | | | | 16 17 | (88,065) |
| 17 18 | Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from lin | | | | 17 18 | (88.065) |
| | perwork Reduction Act Notice, see instructions. | | | | | (88,065) ule A (Form 990-T) 2022 |

| Part III Cost of Goods Sold Enter method of inventory valuation 1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 Other costs (attach statement) 4 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Ye Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B | 0 0 0 0 0 0 0 0 es 🗌 No |
|---|---|
| 2 Purchases 2 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 Other costs (attach statement) 4 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Ye Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A | 0 0 0 0 0 0 0 |
| 3 Cost of labor | 0 0 0 0 0 0 |
| Additional section 263A costs (attach statement) | 0 0 0 0 0 |
| 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 7 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 7 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 7 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 7 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 7 9 Do the rules of section 263A (with respect to property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A | 0 0 0 |
| 6 Total. Add lines 1 through 5 | 0 0 0 |
| 7 Inventory at end of year 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yee Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C | 0 |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | |
| Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A | s 🗌 No |
| 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A | |
| AB | |
| B | |
| | |
| | |
| D [] | |
| A B C | D |
| 2 Rent received or accrued | |
| a From personal property (if the percentage of | |
| rent for personal property is more than 10% but not more than 50%) | |
| , | |
| b From real and personal property (if the percentage of rent for personal property exceeds | |
| 50% or if the rent is based on profit or income) | |
| c 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 columns A through D. Enter here and on Part I, line 6, column (A) | 0 |
| | |
| 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) | 0 |
| Part V Unrelated Debt-Financed Income (see instructions) | |
| 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | |
| | |
| A 🗌 | |
| A B | |
| A B C | |
| A B | D |
| A B C D | |
| A | |
| A | D |
| A | |
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| A | |
| A | |
| A B C D C D C | |
| A | D |
| A B B | % |
| A B B | |
| A B B C C D C D C D C D C D C D C D C D C D C D C D C D Straight line depreciation (attach statement) D b Other deductions (attach statement) b Other deductions (attach statement) c Total deductions (attach statement) d Amount of average acquisition debt on or allocable to debt-financed property (attach statement) financed property (attach statement) D financed property (attach statement) D <td>%</td> | % |
| A B B | % |

| Par | Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) | | | | | | | ;) |
|------|--|--|--|--------|--|--|--|---|
| | | | Exempt Controlled Organizations | | | | | |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | t unrelated me (loss) Istructions) | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | e connected wit | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Ente | I columns 6 and 11. r here and on Part I, ne 8, column (B) 0 |
| Par | t VII Investment Inco | me of a Sec | ction 501(c)() | 7), (9 |), or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | int of income | c | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Add amounts in column Enter here and on Par line 9, column (B) | |
| Tota | | | 0 | | | | | 0 |
| Par | - | | ncome, Othe | er Th | an Advertising In | come (see instructions | 3) | |
| 1 | Description of exploited | • | | | | | | |
| 2 | Gross unrelated busines | | | | | | 2 | |
| 3 | Expenses directly conne line 10, column (B) | | | | | | 3 | |
| 4 | Net income (loss) from lines 5 through 7 | | | | | | 4 | |
| 5 | Gross income from activ | | | | | | 5 | |
| 6 | Expenses attributable to | income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expense 4. Enter here and on Par | | | | | | 7 | |

| Par | Advertising Income | | | | | |
|--------|--|--------------------------------|-----------------------|------------------|--|---|
| 1 | Name(s) of periodical(s). Check box if re | eporting t | wo or more period | cals on a consol | lidated basis. | |
| | A 🗌 | | | | | |
| | B | | | | | |
| | C | | | | | |
| Enter | D amounts for each periodical listed above | in the co | prresponding colum | n | | |
| Lintoi | | | A | B | С | D |
| 2 | Gross advertising income | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, columr | (A) | | 0 |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, columr | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 f 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, olumn in omplete | | | | |
| 5 | Readership costs | | | | | |
| 6 7 | Circulation income Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line than line 6, enter zero | ess than 5 is less | | | | |
| 8 | Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | as a gain on | | | | |
| а | Add line 8, columns A through D. Ent Part II, line 13 | | | | | |
| Par | t X Compensation of Officers, Di | irectors | , and Trustees (s | see instructions | 6) | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | al. Enter here and on Part II, line 1 . XI Supplemental Information (se | | ctions) | | | 0 |
| Far | Supplemental Information (se | | | | | |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> for instructions and the latest inf Do not enter SSN numbers on this form as it may be made public if your organ | ormation. ization is a 501(c)(3). | | Public Ins Organiz | |
|--|---|--------------------------------------|-----------|-----------------------|----|
| A Name of the organizat | ion | B Employer iden | tificatio | n numb | er |
| CHARLES KOCH FOUND | DATION | 48 | -0918408 | 3 | |
| C Unrelated business | activity code (see instructions) | D Sequence: | 12 | of | 19 |
| | | | | | |

E Describe the unrelated trade or business FUND 12

| Par | t Unrelated Trade or Business Income | | (A) Income | (B) Expenses | | (C) Net |
|-----|--|----|------------------------|---------------|------|---------------------------------------|
| 1a | Gross receipts or sales 0 | | | | | |
| b | Less returns and allowances 0 c Balance | 1c | 0 | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | | |
| | Form 1120)). See instructions | 4a | 0 | | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | | | |
| | instructions | 4b | 0 | | | 0 |
| С | Capital loss deduction for trusts | 4c | 0 | | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | |
| | statement) | 5 | (287,969) | | | (287,969) |
| 6 | Rent income (Part IV) | 6 | 0 | | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| • | organization (Part VI) | 8 | 0 | | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | |
| | organizations (Part VII) | 9 | 0 | | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 | (287,969) | | 0 | (287,969) |
| Par | t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco | | limitations on ded | uctions. Dedu | ctio | ns must be |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1 | 0 |
| 2 | Salaries and wages | | | [| 2 | 0 |
| 3 | Repairs and maintenance | | | [| 3 | 0 |
| 4 | Bad debts | | | [| 4 | 0 |
| 5 | Interest (attach statement). See instructions | | | | 5 | 0 |
| 6 | Taxes and licenses | | | 📘 | 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | | 0 | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | | | 8b | 0 |
| 9 | Depletion | | | | 9 | 0 |
| 10 | Contributions to deferred compensation plans | | | | 10 | 0 |
| 11 | Employee benefit programs | | | | 11 | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | 12 | 0 |
| 13 | Excess readership costs (Part IX) | | | | 13 | 0 |
| 14 | Other deductions (attach statement) | | | | 14 | 0 |
| 15 | Total deductions. Add lines 1 through 14 | | | · · · · · · | 15 | 0 |
| 16 | Unrelated business income before net operating loss deductio column (C) | | | | 16 | (287,969) |
| 17 | | | | | 17 | (207,909) |
| 18 | Unrelated business taxable income. Subtract line 17 from lin | | | | 18 | (287,969) |
| | perwork Reduction Act Notice, see instructions. | | at. No. 740360 | | | ule A (Form 990-T) 2022 |
| | | 50 | · · · · · - | • | | · · · · · · · · · · · · · · · · · · · |

| | le A (Form 990-T) 2022 | | | | Page 2 |
|--------|---|-------------------------|-------------------------|------------------------|---------------|
| Part | III Cost of Goods Sold Enter me | | | | |
| 1 | Inventory at beginning of year | | | | 0 |
| 2 | Purchases | | | | 0 |
| 3 | Cost of labor | | | | 0 |
| 4 5 | Additional section 263A costs (attach statement) Other costs (attach statement) | | | | 0 |
| 6 | Total. Add lines 1 through 5. | | | | 0 |
| 7 | Inventory at end of year | | | | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | | | | 0 |
| 9 | Do the rules of section 263A (with respect to proper | | | | 🗌 Yes 🗌 No |
| Part | IV Rent Income (From Real Property an | | - | | |
| 1 | Description of property (property street address, | city, state, ZIP code | e). Check if a dual-us | se. See instructions. | |
| | | | | | |
| | B | | | | |
| | C | | | | |
| | | 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 column | s A through D. Enter | bere and on Part L li | ne 6. column (A) | 0 |
| | | IS A through D. Enter | | | 0 |
| 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 c | on Part I, line 6, colu | mn (B) | 0 |
| Par | Unrelated Debt-Financed Income (se | e instructions) | | | |
| 1 | Description of debt-financed property (street add | dress, city, state, ZIF | ° code). Check if a d | ual-use. See instructi | ons. |
| | | | | | |
| | B | | | | |
| | C | | | | |
| | | 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 7 | Divide line 4 by line 5 | % | % | % | % |
| 8 | Total gross income (add line 7, columns A throu | ugh D). Enter here ar | nd on Part I, line 7, c | olumn (A) | 0 |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns | A through D Enter h | are and on Port L lin | e 7. column (P) | 0 |
| | | - | | | 0 |
| 11 | Total dividends – received deductions include | | | | U |

| Par | Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) | | | | | | | ;) |
|------|--|--|--|--------|--|--|--|---|
| | | | Exempt Controlled Organizations | | | | | |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | t unrelated me (loss) Istructions) | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | e connected wit | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Ente | I columns 6 and 11. r here and on Part I, ne 8, column (B) 0 |
| Par | t VII Investment Inco | me of a Sec | ction 501(c)() | 7), (9 |), or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | int of income | c | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Add amounts in column Enter here and on Par line 9, column (B) | |
| Tota | | | 0 | | | | | 0 |
| Par | - | | ncome, Othe | er Th | an Advertising In | come (see instructions | 3) | |
| 1 | Description of exploited | • | | | | | | |
| 2 | Gross unrelated busines | | | | | | 2 | |
| 3 | Expenses directly conne line 10, column (B) | | | | | | 3 | |
| 4 | Net income (loss) from lines 5 through 7 | | | | | | 4 | |
| 5 | Gross income from activ | | | | | | 5 | |
| 6 | Expenses attributable to | income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expense 4. Enter here and on Par | | | | | | 7 | |

| Part | IX Advertising Income | | | | | |
|--------|---|--------------------------------|-----------------------|------------------|--|---|
| 1 | Name(s) of periodical(s). Check box if re | porting t | wo or more periodi | cals on a consol | idated basis. | |
| | A 🗌 | | | | | |
| | В 🗌 | | | | | |
| | C 🗌 | | | | | |
| | D | | | | | |
| Enter | amounts for each periodical listed above | in the co | | | | |
| 2 | Gross advertising income | | Α | В | C | D |
| 2 | - | • • • | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (A) | | 0 |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, olumn in omplete | | | | |
| 5 | Readership costs | | | | | |
| 6 7 | Circulation income . Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero . | ess than 5 is less | | | | |
| 8 | Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | as a gain on | | | | |
| а | Add line 8, columns A through D. Ent | | | | | |
| Der | Part II, line 13 | | | | | 0 |
| Par | t X Compensation of Officers, Di | rectors | , and trustees (s | ee instructions | 1 1 | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | II. Enter here and on Part II, line 1 . | | | | | 0 |
| Par | XI Supplemental Information (se | e instru | ctions) | | | 0 |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> 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 organizat | ion | В | Employer iden | tificatio | n numb | er | | | |
| CHARLES KOCH FOUND | DATION | | 48 | -091840 | 8 | | | | |
| C Unrelated business | activity code (see instructions) | D | Sequence: | 13 | of | 19 | | | |
| E Describe the unrelat | red trade or business FUND 13 | | | | | | | | |

| Par | t I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--------|--|------|--------------------|--------------|--------------------------|
| 1a | Gross receipts or sales 0 | | | | |
| b | Less returns and allowances 0 c Balance | 1c | 0 | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | |
| | Form 1120)). See instructions | 4a | 0 | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | 0 | | 0 |
| с | Capital loss deduction for trusts | 4c | 0 | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| | statement) | 5 | 36,633 | | 36,633 |
| 6 | Rent income (Part IV) | 6 | 0 | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| _ | organization (Part VI) | 8 | 0 | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | |
| | organizations (Part VII) | 9 | 0 | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 | 36,633 | 0 | |
| Par | t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco | | limitations on dec | | ons must be |
| 1 | Compensation of officers, directors, and trustees (Part X) $\ . \ .$ | | | 1 | 0 |
| 2 | Salaries and wages | | | 2 | 0 |
| 3 | Repairs and maintenance | | | 3 | 0 |
| 4 | Bad debts | | | | 0 |
| 5 | Interest (attach statement). See instructions | | | | 0 |
| 6 | Taxes and licenses | | | 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | | 0 | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | | 0 8b | 0 |
| 9 | Depletion | | | | 0 |
| 10 | Contributions to deferred compensation plans | | | | 0 |
| 11 | Employee benefit programs | | | | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | 0 |
| 13 | Excess readership costs (Part IX) | | | 13 | 0 |
| 14 | Other deductions (attach statement) | | | | 0 |
| 15 | Total deductions. Add lines 1 through 14 | | | | 0 |
| 16 | Unrelated business income before net operating loss deductio column (C) | | | | 36,633 |
| 17 | Deduction for net operating loss. See instructions | | | 17 | 0 |
| 18 | Unrelated business taxable income. Subtract line 17 from lin | e 16 | | 18 | 36,633 |
| For Pa | perwork Reduction Act Notice, see instructions. | Ca | at. No. 740360 | Sche | dule A (Form 990-T) 2022 |

| - | le A (Form 990-T) 2022 | | | | Page | e 2 |
|---|--|--|------------------------------|-------------------------|------|----------|
| | Cost of Goods Sold Enter me | | | | | |
| 1 | Inventory at beginning of year | | | | | 0 |
| 2 3 | | | | | | 0 |
| 3 4 | Cost of labor | | | | | 0 |
| 5 | Other costs (attach statement) | | | | | 0 |
| 6 | Total. Add lines 1 through 5. | | | | | 0 |
| 7 | Inventory at end of year | | | 7 | | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | | | | | 0 |
| 9 | Do the rules of section 263A (with respect to proper | | | | | 0 |
| Pan 1 | Rent Income (From Real Property an Description of property (property street address, | | - | | | |
| | A | City, State, ZIP CODE | | | | |
| | B | | | | | |
| | c 🗌 | | | | | |
| | D 🗌 | T | | 1 | | |
| _ | | 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 column | ns A through D. Enter | here and on Part I, li | ne 6, column (A) | | 0 |
| 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 o | n Part I, line 6, colu | mn (B) | | 0 |
| Par | | | ,, | | | |
| 1 | Description of debt-financed property (street add | , | code) Check if a d | ual-use. See instructio | ns | |
| • | A | | | | | |
| | B 🗌 | | | | | |
| | C 🗌 | | | | | |
| | D 🗌 | | | | | |
| 2 | | • | | • | | |
| | Gross income from or allocable to debt-financed | Α | В | C | D | |
| 2 | Gross income from or allocable to debt-financed property | A | В | C | D | |
| 2 | property | A | В | C | D | |
| | | Α | В | С | D | |
| | property | Α | В | C | D | |
| 3 | property | A | B | C | D | |
| 3 a | propertyDeductions directly connected with or allocable to debt-financed propertyStraight line depreciation (attach statement)Other deductions (attach statement)Total deductions (add lines 3a and 3b, | A | B | C | D | |
| 3 a b c | property | A | B | C | | |
| 3 a b | property | A | B | C | D | |
| 3 a b c | property | A | B | C | D | |
| 3 a b c 4 | property | A | B | C | D | |
| 3 a b c 4 | property | A | B | C | | % |
| 3 b c 4 5 | property | | | | | % |
| 3 b c 4 5 6 | property | % | % | % | | <u>%</u> |
| 3 b c 4 5 6 7 8 | property | % | % | % | | |
| 3 b c 4 5 6 7 8 9 | propertyDeductions directly connected with or allocableto debt-financed propertyStraight line depreciation (attach statement)Other deductions (attach statement)Total deductions (add lines 3a and 3b,columns A through D)Amount of average acquisition debt on or allocableto debt-financed property (attach statement)Average adjusted basis of or allocable to debt-financed property (attach statement)Divide line 4 by line 5Gross income reportable. Multiply line 2 by line 6Total gross income (add line 7, columns A through Allocable deductions. Multiply line 3c by line 6 | % ugh D). Enter here ar | % nd on Part I, line 7, c | | | 0 |
| 3 b c 4 5 6 7 8 | property | % ugh D). Enter here ar A through D. Enter h | nd on Part I, line 7, c | % | | |

| Par | t VI Interest, Annuit | ties, Royaltie | s, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions | 3) |
|------|---|---|--|--------|--|--|---|--|
| | | | Exempt Controlled Organizations | | | | | |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | : unrelated me (loss) structions) | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0 | Ente | I columns 6 and 11. r here and on Part I, ine 8, column (B) 0 |
| Par | t VII Investment Inc | ome of a Sec | ction 501(c)(7 | 7). (9 |). or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | nt of income | с | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. e and on Part I, column (A) | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) | |
| Tota | als | | 0 | | | | | 0 |
| Par | VIII Exploited Exem | npt Activity I | ncome, Othe | r Th | an Advertising In | come (see instructions | 5) | |
| 1 | Description of exploited | d activity: | | | | | | |
| 2 | Gross unrelated busine | ss income fron | n trade or busi | ness. | Enter here and on P | art I, line 10, column (A) | 2 | |
| 3 | Expenses directly conn line 10, column (B) | | | | | Enter here and on Part I, | 3 | |
| 4 | Net income (loss) from lines 5 through 7 | | | | | e 2. If a gain, complete | 4 | |
| 5 | Gross income from act | | | | | | 5 | |
| 6 | Expenses attributable t | o income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expens 4. Enter here and on Pa | | | | | than the amount on line | 7 | |

| Part | Advertising Income | | | | | |
|--------|---|--------------------------------|-----------------------|------------------|--|---|
| 1 | Name(s) of periodical(s). Check box if re | porting t | wo or more periodi | cals on a consol | idated basis. | |
| | A 🗌 | | | | | |
| | В 🗌 | | | | | |
| | C 🗌 | | | | | |
| | D | | | | | |
| Enter | amounts for each periodical listed above | in the co | | | | |
| 2 | Gross advertising income | | Α | В | C | D |
| 2 | - | • • • | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (A) | | 0 |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, olumn in omplete | | | | |
| 5 | Readership costs | | | | | |
| 6 7 | Circulation income . Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero . | ess than 5 is less | | | | |
| 8 | Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | as a gain on | | | | |
| а | Add line 8, columns A through D. Ent | | | | | |
| Der | Part II, line 13 | | | | | 0 |
| Par | t X Compensation of Officers, Di | rectors | , and trustees (s | ee instructions | 1 1 | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | II. Enter here and on Part II, line 1 . | | | | | 0 |
| Par | XI Supplemental Information (se | e instru | ctions) | | | 0 |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> for instructions and the latest info Do not enter SSN numbers on this form as it may be made public if your organ | ormation. ization is a 501(c) | | Public Ins 3) Organiza | |
|--|--|----------------------------------|--------------|---------------------------|----|
| A Name of the organizati | on | B Employer i | dentificatio | on numb | er |
| CHARLES KOCH FOUND | ATION | | 48-091840 |)8 | |
| C Unrelated business a | activity code (see instructions) | D Sequence: | 14 | of | 19 |

E Describe the unrelated trade or business FUND 14

| Par | t I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | | (C) Net |
|----------|--|------------|-----------------------|--------------------|----------|-------------------------|
| 1a | Gross receipts or sales 0 | | | | | |
| b | Less returns and allowances 0 c Balance | 1c | 0 | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | | |
| | Form 1120)). See instructions | 4a | 0 | | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | | | |
| | | 4b | 0 | | | 0 |
| C E | Capital loss deduction for trusts | 4c | 0 | | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | _ | _ | | | |
| ~ | | 5 | 0 | | - | 0 |
| 6 | Rent income (Part IV) | 6 7 | 0 | | 0 | 0 |
| 7 8 | Unrelated debt-financed income (Part V) | | 0 | | 0 | 0 |
| Ũ | organization (Part VI) | 8 | 0 | | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | 0 | | 0 | 0 |
| | organizations (Part VII) | 9 | 0 | | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 | 0 | | 0 | 0 |
| Par | t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco | | limitations on dec | | uctio | ns must be |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1 | 0 |
| 2 | Salaries and wages | | | [| 2 | 0 |
| 3 | Repairs and maintenance | | | | 3 | 0 |
| 4 | Bad debts | | | | 4 | 0 |
| 5 | Interest (attach statement). See instructions | | | | 5 | 0 |
| 6 | Taxes and licenses | | | | 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | | | 8b | 0 |
| 9 | Depletion | | | | 9 | 0 |
| 10 | Contributions to deferred compensation plans | | | | 10 | 0 |
| 11 | Employee benefit programs | | | | 11 | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | 12 | 0 |
| 13 | Excess readership costs (Part IX) | | | | 13 | 0 |
| 14 | Other deductions (attach statement) | | | | 14 | 0 |
| 15 16 | Total deductions. Add lines 1 through 14 | In Sub | otract line 15 from F | Part I line 13 | 15 | 0 |
| 10 | column (C) | | | | 16 | |
| 17 | Deduction for net operating loss. See instructions | | | | 16 17 | 0 |
| 18 | Unrelated business taxable income. Subtract line 17 from lin | | | - | 18 | 0 |
| | perwork Reduction Act Notice, see instructions. | | at. No. 740360 | | | ule A (Form 990-T) 2022 |

| Schedu | le A (Form 990-T) 2022 | | | | Page 2 |
|--|--|---|--|-------------------------|--------------|
| Part | | thod of inventory val | | | |
| 1 | Inventory at beginning of year | | | | 0 |
| 2 | Purchases | | | | 0 |
| 3 | Cost of labor | | | | 0 |
| 4 | Additional section 263A costs (attach statement) | | | | 0 |
| 5 | Other costs (attach statement) | | | | 0 |
| 6 7 | Total. Add lines 1 through 5 | | | | 0 |
| 7 8 | Inventory at end of year | | | | 0 |
| 9 | Do the rules of section 263A (with respect to prope | | • | | ∏Yes ∏No |
| Part | | | | | |
| 1 | Description of property (property street address, | | | | |
| | A 🗌 | | , | | |
| | В 🗌 | | | | |
| | C 🗌 | | | | |
| | D 🗌 | | | | |
| _ | | Α | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of rent for personal property is more than 10% | | | | |
| | but not more than 50%) | | | | |
| b | From real and personal property (if the | | | | |
| D | 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 1 (1) | |
| 3 | Total rents received or accrued. Add line 2c column | ns A through D. Enter | here and on Part I, li | ne 6, column (A) | 0 |
| - | | | | | |
| 4 | Deductions directly connected with the income | | | | |
| | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 4 | in lines 2(a) and 2(b) (attach statement) | D. Enter here and o | n Part Lline 6, colu | mn (B) | 0 |
| 4 5 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through | | n Part I, line 6, colu | mn (B) | 0 |
| 4 5 Part | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through t V Unrelated Debt-Financed Income (see | e instructions) | | | |
| 4 5 | in lines 2(a) and 2(b) (attach statement) | e instructions) | | | |
| 4 5 Part | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through V Unrelated Debt-Financed Income (see Description of debt-financed property (street add A | e instructions) | | | |
| 4 5 Part | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Unrelated Debt-Financed Income (see Description of debt-financed property (street add A B C C | e instructions) dress, city, state, ZIP | | | |
| 4 5 Part | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Unrelated Debt-Financed Income (see Description of debt-financed property (street add A B C C D C D C D C D C D C D C D C D C D | e instructions) dress, city, state, ZIP | | | |
| 4 5 Part | <pre>in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through tV Unrelated Debt-Financed Income (se Description of debt-financed property (street add A B C C </pre> | e instructions) dress, city, state, ZIP | | | |
| 4 5 Part | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Unrelated Debt-Financed Income (see Description of debt-financed property (street add A B C C D C D C D C D C D C D C D C D C D | e instructions) dress, city, state, ZIP | code). Check if a d | ual-use. See instructio | ons. |
| 4 5 Pari 1 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Unrelated Debt-Financed Income (see Description of debt-financed property (street add A B C D D D | e instructions) dress, city, state, ZIP | code). Check if a d | ual-use. See instructio | ons. |
| 4 5 Pari 1 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through tV Unrelated Debt-Financed Income (se Description of debt-financed property (street add A B C D Gross income from or allocable to debt-financed property | e instructions) dress, city, state, ZIP | code). Check if a d | ual-use. See instructio | ons. |
| 4 5 Part 1 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Unrelated Debt-Financed Income (see Description of debt-financed property (street add A B C C G Gross income from or allocable to debt-financed property | e instructions) dress, city, state, ZIP | code). Check if a d | ual-use. See instructio | ons. |
| 4 5 Part 1 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through Unrelated Debt-Financed Income (see Description of debt-financed property (street add A B C C C C C C C C C C C C C C C C C C | e instructions) dress, city, state, ZIP | code). Check if a d | ual-use. See instructio | ons. |
| 4 5 Pari 1 2 3 a b | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP | code). Check if a d | ual-use. See instructio | ons. |
| 4 5 Pari 1 2 3 a | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP | code). Check if a d | ual-use. See instructio | ons. |
| 4 5 Part 1 2 3 a b c | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP | code). Check if a d | ual-use. See instructio | ons. |
| 4 5 Pari 1 2 3 a b | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP | code). Check if a d | ual-use. See instructio | ons. |
| 4 5 Part 1 2 3 a b c 4 | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP | code). Check if a d | ual-use. See instructio | ons. |
| 4 5 Part 1 2 3 a b c | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP | code). Check if a d | ual-use. See instructio | ons. |
| 4 5 Part 1 2 3 a b c 4 5 | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP | P code). Check if a d | C | D |
| 4 5 Part 1 2 3 a b c 4 5 6 | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP | code). Check if a d | ual-use. See instructio | ons. |
| 4 5 Pari 1 2 3 a b c 4 5 4 5 7 | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP A | P code). Check if a d | C | D % |
| 4 5 Part 1 2 3 a b c 4 5 6 | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP A | P code). Check if a d | C | D % |
| 4 5 Pari 1 2 3 a b c 4 5 4 5 7 | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP A | P code). Check if a d | C | D % |
| 4 5 Part 1 2 3 a b c 4 5 6 7 8 | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP A A S S S S S S S S S S S S S S S S S | B B M M M M M M M M M M M M M M M M M M | C C Olumn (A) | D |
| 4 5 Part 1 2 3 a b c 4 5 6 7 8 9 | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP A A Jugh D). Enter here ar A through D. Enter h | P code). Check if a d | C | D 0 |

| Par | t VI Interest, Annuiti | es, Royaltie | es, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions | ;) |
|------|---|--|--|--------|--|--|---|---|
| | | | Exempt Controlled Organizations | | | | | |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | t unrelated me (loss) Istructions) | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Ente | I columns 6 and 11. r here and on Part I, ne 8, column (B) 0 |
| Par | t VII Investment Inco | me of a Sec | ction 501(c)() | 7), (9 |), or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | int of income | c | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) | |
| Tota | | | 0 | | | | | 0 |
| Par | - | | ncome, Othe | er Th | an Advertising In | come (see instructions | 3) | |
| 1 | Description of exploited | • | | | | | | |
| 2 | Gross unrelated busines | | | | | | 2 | |
| 3 | Expenses directly conne line 10, column (B) | | | | | | 3 | |
| 4 | Net income (loss) from lines 5 through 7 | | | | | | 4 | |
| 5 | Gross income from activ | | | | | | 5 | |
| 6 | Expenses attributable to | income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expense 4. Enter here and on Par | | | | | | 7 | |

| | Part | Advertising Income | | | | | |
|--|--------|--|-------------------------------|----------------------|------------------|-----------------|-----------------|
| B | 1 | Name(s) of periodical(s). Check box if re | porting tv | vo or more periodi | cals on a consol | idated basis. | |
| C | | Α 🗌 | | | | | |
| D A B C D 2 Gross advertising income A B C D a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | | | | |
| A B C D 2 Gross advertising income | | | | | | | |
| A B C D a Add columns A through D. Enter here and on Part I, line 11, column (A) | Entor | | in the cou | responding colum | n | | |
| 2 Gross advertising income | LING | amounts for each periodical listed above | | | | С | П |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) 0 3 Direct advertising costs by periodical 0 a Add columns A through D. Enter here and on Part I, line 11, column (B) 0 4 Advertising gain (loss). Subtract line 3 from line 0 2. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 0 5 Readership costs 0 6 Circulation income 0 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5 is less than line 6, enter zero 0 8 Excess readership costs. allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 ine. 0 Part X Compensation of Officers, Directors, and Trustees (see instructions) 1 1 Name 2. Title 3. Percentage of time devoted to business (1) 9 % 4. Compensation of Officers, Directors, and Trustees (see instructions) 1 Name 2. Title 3. Percentage of time devoted to business (2) 9 % 4. Compensation attinuation att | 2 | Gross advertising income | | Α | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) 0 4 Advertising gain (loss). Subtract line 3 from line 0 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 0 5 Readership costs 0 6 Circulation income 0 7 Excess readership costs 0 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 0 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 0 Part X Compensation of Officers, Directors, and Trustees (see instructions) 0 1 1 1 1 1 1 9 0 2 1 9 0 1 1 9 0 1 9 9 0 1 9 9 0 2 1 9 0 1 1 9 0 1 9 <td< td=""><td>а</td><td>-</td><td>d on Par</td><td>t I, line 11, column</td><td>(A)</td><td></td><td>0</td></td<> | а | - | d on Par | t I, line 11, column | (A) | | 0 |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 5 Readership costs | 3 | Direct advertising costs by periodical | [| | | | |
| 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | а | Add columns A through D. Enter here an | nd on Par | t I, line 11, column | (B) | | . 0 |
| 6 Circulation income | 4 | 2. For any column in line 4 showing complete lines 5 through 8. For any col line 4 showing a loss or zero, do not co | a gain, lumn in omplete | | | | |
| deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | 6 | Circulation income . Excess readership costs. If line 6 is lead line 5, subtract line 6 from line 5. If line 5 | ss than 5 is less | | | | |
| Part II, line 13 | 8 | deduction. For each column showing a | gain on | | | | |
| Part X Compensation of Officers, Directors, and Trustees (see instructions) 1. Name 2. Title 3. Percentage of time devoted to business 4. Compensation attributable to unrelated business (1) 9% (2) 9% (3) 9% (4) 9% Total. Enter here and on Part II, line 1 9% 0 | а | | | | | | |
| 1. Name2. Titleof time devoted to businessattributable to unrelated business(1)%(2)%(3)%(4)%Total. Enter here and on Part II, line 1%0 | Par | t X Compensation of Officers, Di | rectors, | and Trustees (s | ee instructions | 5) | |
| (2) % (3) % (4) % Total. Enter here and on Part II, line 1 0 | | 1. Name | | 2. Title | | of time devoted | attributable to |
| (3) % (4) % Total. Enter here and on Part II, line 1 0 | (1) | | | | | % | |
| (4) % Total. Enter here and on Part II, line 1 0 | (2) | | | | | | |
| Total. Enter here and on Part II, line 1 | | | | | | | |
| Total. Enter here and on Part II, line 1 0 Part XI Supplemental Information (see instructions) | (4) | | | | | % | |
| Part XI Supplemental Information (see instructions) | Tota | Foter here and on Part II line 1 | | | | | 0 |
| | Par | Supplemental Information (se | e instruc | tions) | <u></u> | | 0 |
| | I GI I | | | | | | |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> for instructions and the latest Do not enter SSN numbers on this form as it may be made public if your or | | ublic Ins Organiza | | |
|--|--|-------------|-----------------------|----|----|
| A Name of the organization B Employer ident | | | | | er |
| CHARLES KOCH FOUND | DATION | 48 | 3-0918408 | | |
| C Unrelated business | activity code (see instructions) | D Sequence: | 15 | of | 19 |
| E Describe the unrelat | ed trade or business FUND 15 | | | | |

| Par | t I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | | (C) Net |
|-----|--|---------------|-------------------|-----------------|------|--------------------------|
| 1a | Gross receipts or sales 0 | | | | | |
| b | Less returns and allowances 0 c Balance | 1c | (| D | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | (| 0 | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | (| 0 | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | | |
| | Form 1120)). See instructions | 4a | (| D | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | | | |
| | instructions | 4b | | 0 | | 0 |
| С | Capital loss deduction for trusts | 4c | | 0 | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | |
| | statement) | 5 | 1,192,94 | 6 | | 1,192,946 |
| 6 | Rent income (Part IV) | 6 | | 0 | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | | 0 | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| | organization (Part VI) | 8 | (| 0 | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | |
| | organizations (Part VII) | 9 | (| 0 | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | (|) | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | (|) | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | (|) | | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 | 1,192,946 | | 0 | 1,192,946 |
| Par | t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco | ns for me. | limitations on de | eductions. Dedu | ctic | ons must be |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1 | 0 |
| 2 | Salaries and wages | | | | 2 | 0 |
| 3 | Repairs and maintenance | | | | 3 | 0 |
| 4 | Bad debts | | | | 4 | 0 |
| 5 | Interest (attach statement). See instructions | | | | 5 | 0 |
| 6 | Taxes and licenses | | | | 6 | 222,105 |
| 7 | Depreciation (attach Form 4562). See instructions | | 1 1 | 0 | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | 8a | 0 | 8b | 0 |
| 9 | Depletion | | | | 9 | 0 |
| 10 | Contributions to deferred compensation plans | | | | 10 | 0 |
| 11 | Employee benefit programs | | | [| 11 | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | 12 | 0 |
| 13 | Excess readership costs (Part IX) | | | [| 13 | 0 |
| 14 | Other deductions (attach statement) | | | | 14 | 4,671 |
| 15 | Total deductions. Add lines 1 through 14 | | | | 15 | 226,776 |
| 16 | Unrelated business income before net operating loss deductio column (C) | | | | 16 | 966,170 |
| 17 | Deduction for net operating loss. See instructions | | | | 17 | 0 |
| 18 | Unrelated business taxable income. Subtract line 17 from lin | | | - | 18 | 966,170 |
| | perwork Reduction Act Notice, see instructions. | | at. No. 740360 | | | dule A (Form 990-T) 2022 |

| | e A (Form 990-T) 2022 | | | | Page 2 |
|--------|---|-------------------------|-------------------------|------------------------|---------------------|
| | Cost of Goods Sold Enter me | | | | |
| 1 | Inventory at beginning of year | | | | 0 |
| 2 | Purchases | | | | 0 |
| 3 4 | Cost of labor | | | | 0 |
| 5 | Other costs (attach statement) | | | | 0 |
| 6 | Total. Add lines 1 through 5. | | | | 0 |
| 7 | Inventory at end of year | | | | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | Enter here and in Pa | art I, line 2 | 8 | 0 |
| 9 | Do the rules of section 263A (with respect to prope | | | | 🗌 Yes 🗌 No |
| Part | | | - | | |
| 1 | Description of property (property street address, | city, state, ZIP code | e). Check if a dual-us | se. See instructions. | |
| | A [_] | | | | |
| | c 🗆 | | | | |
| | D [] | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% but not more than 50%) | | | | |
| h | , | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) . | | | | |
| с | Total rents received or accrued by property. | | | | |
| | Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c column | s A through D. Enter | bere and on Part L li | ne 6. column (A) | 0 |
| | | | | | Ũ |
| 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 c | on Part I, line 6, colu | mn (B) ... _ | 0 |
| Par | V Unrelated Debt-Financed Income (se | e instructions) | | | |
| 1 | Description of debt-financed property (street add | dress, city, state, ZIF | ocode). Check if a d | ual-use. See instructi | ons. |
| | A 🗌 | | | | |
| | B | | | | |
| | | | | | |
| | D 🗌 | Α | В | С | D |
| 2 | Gross income from or allocable to debt-financed | <u>A</u> | D | U | <u> </u> |
| _ | 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 ar | nd on Part I, line 7, c | olumn (A) | 0 |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns | A through D. Enter h | nere and on Part I. lin | e 7, column (B) | 0 |
| 11 | Total dividends — received deductions include | - | | | 0 |
| | | | | | A (Form 990-T) 2022 |

| Par | t VI Interest, Annuiti | ies, Royaltie | s, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions | 3) | | |
|------|--|--|--|--|--|--|---|--|--|--|
| | | Exempt Controlled Organizations | | | | | | | | |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | | | |
| | 7. Taxable income | inco | : unrelated me (loss) structions) | 9. Total of specified payments made | |) payments m | | 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) | | | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0 | Ente | I columns 6 and 11. r here and on Part I, ne 8, column (B) 0 | | |
| Par | t VII Investment Inco | me of a Sec | ction 501(c)(7 | 7), (9 |), or (17) Organiza | ation (see instructions) | | | | |
| | 1. Description of income | | nt of income | с | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) | | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) | | | |
| Tota | | | 0 | | | | | 0 | | |
| Par | - | | ncome, Othe | r Th | an Advertising In | come (see instructions | s) | | | |
| 1 | Description of exploited | | | | | | | | | |
| 2 | 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | | | | | | | | | |
| 3 | 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | | | | | | | | | |
| 4 | 1 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | | | | | | 4 | | | |
| 5 | - | | | | | | 5 | | | |
| 6 | Expenses attributable to | o income ente | red on line 5 | | | | 6 | | | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | | | | 7 | | | | | |

| Par | Advertising Income | | | | | |
|--------|--|--------------------------------|-----------------------|------------------|--|---|
| 1 | Name(s) of periodical(s). Check box if re | eporting t | wo or more period | cals on a consol | idated basis. | |
| | A 🗌 | | | | | |
| | B | | | | | |
| | | | | | | |
| Enter | D amounts for each periodical listed above | in the co | prresponding colum | n | | |
| Lintoi | | | A | B | С | D |
| 2 | Gross advertising income | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, columr | (A) | | 0 |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, columr | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 f 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, olumn in omplete | | | | |
| 5 | Readership costs | | | | | |
| 6 7 | Circulation income Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line than line 6, enter zero | ess than 5 is less | | | | |
| 8 | Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | as a gain on | | | | |
| а | Add line 8, columns A through D. Ent Part II, line 13 | | | | | |
| Par | t X Compensation of Officers, Di | irectors | , and Trustees (s | see instructions | 6) | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | al. Enter here and on Part II, line 1 . XI Supplemental Information (se | | | | | 0 |
| Far | Supplemental Information (se | | | | | |
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Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> for instructions and the latest info Do not enter SSN numbers on this form as it may be made public if your organ | o to <i>www.irs.gov/Form990T</i> for instructions and the latest information. [•] SSN numbers on this form as it may be made public if your organization is a 501(c)(3). | | | | | |
|--|--|--|-------------|-------|----|--|--|
| A Name of the organizati | on | B Employer ide | ntification | numbe | er | | |
| CHARLES KOCH FOUND | ATION | 48-0918408 | | | | | |
| C Unrelated business a | activity code (see instructions) | D Sequence: | 16 | of | 19 | | |

E Describe the unrelated trade or business FUND 16

| Par | t I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | S | (C) Net |
|-----------|---|----------|--------------------|-----------------|-------------|--------------------------------------|
| 1a | Gross receipts or sales 0 | | | | | |
| b | Less returns and allowances0 c Balance | 1c | 0 | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | | |
| | Form 1120)). See instructions | 4a | 11,768 | | | 11,768 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | | | |
| | instructions | 4b | 0 | | | 0 |
| c | Capital loss deduction for trusts | 4c | 0 | | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | |
| | statement) | 5 | 1,104,579 | | | 1,104,579 |
| 6 | Rent income (Part IV) | 6 | 0 | | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| • | organization (Part VI) | 8 | 0 | | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | | | | _ | |
| 40 | | 9 | 0 | | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | | 0 | 0 |
| 12 13 | Other income (see instructions; attach statement) | 12 13 | 0 | | 0 | 0 |
| _ | Total. Combine lines 3 through 12 | | 1,116,347 | wationa Dad | - | 1,116,347 |
| Par | t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco | | limitations on ded | luctions. Deal | uctio | ns must be |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1 | 0 |
| 2 | Salaries and wages | | | | 2 | 0 |
| 3 | Repairs and maintenance | | | | 3 | 0 |
| 4 | Bad debts | | | | 4 | 0 |
| 5 | Interest (attach statement). See instructions | | | | 5 | 0 |
| 6 | Taxes and licenses | | | | 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | | 0 | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | | 0 | 8b | 0 |
| 9 | Depletion | | | | 9 | 0 |
| 10 | Contributions to deferred compensation plans | | | | 10 | 0 |
| 11 | Employee benefit programs | | | | 11 | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | 12 | 0 |
| 13 | Excess readership costs (Part IX) | • • | | | 13 | 0 |
| 14 | Other deductions (attach statement) | | | | 14 | 0 |
| 15 | Total deductions. Add lines 1 through 14 | | | | 15 | 0 |
| 16 | Unrelated business income before net operating loss deductio column (C) | | | arti, iirie 13, | | |
| 4- | | | | | 16 | 1,116,347 |
| 17 | | | | ŀ | 17 | 0 |
| <u>18</u> | Unrelated business taxable income. Subtract line 17 from lin perwork Reduction Act Notice, see instructions. | | | | 18 Sahad | 1,116,347 ule A (Form 990-T) 2022 |
| 1.01 6.9 | iperwork neulouon Act Nouce, see Instructions. | U2 | a. 190. 740000 | | ocnea | uie A (FUIII 990-1) 2022 |

| Schedu | le A (Form 990-T) 2022 | | | | Page 2 |
|-----------------|--|--|-------------------------|------------------|---------------------|
| Part | Cost of Goods Sold Enter met | | | 1 1 | |
| 1 | Inventory at beginning of year | | | | 0 |
| 2 | | | | | 0 |
| 3 4 | Cost of labor | | | | 0 |
| 5 | Other costs (attach statement) | | | | 0 |
| 6 | Total. Add lines 1 through 5. | | | | 0 |
| 7 | Inventory at end of year | | | | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | | | | 0 |
| 9 | Do the rules of section 263A (with respect to property and Rent Income (From Real Property and | | | | Yes No |
| 1 | Description of property (property street address, A B C C | city, state, ZIP code | - | | |
| | D | • | В | С | D |
| 2 | Rent received or accrued | Α | В | U | U |
| 2 a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income). | | | | |
| С | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c column | s A through D. Enter | here and on Part I, lir | ie 6, column (A) | 0 |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| Par 1 | Description of debt-financed property (street add A B C D | e instructions) Iress, city, state, ZIP | | | ons. |
| | C | | | | |
| | | Α | В | С | D |
| 2 | Gross income from or allocable to debt-financed property | | | | |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | | |
| a | Straight line depreciation (attach statement) | | | | |
| b C | Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt- financed property (attach statement) | | | | |
| 6 7 | Divide line 4 by line 5 | % | % | % | % |
| 8 | Total gross income (add line 7, columns A throu | igh D) Enter here on | d on Part L line 7 or | olumn (A) | 0 |
| 8 9 | Allocable deductions. Multiply line 3c by line 6 | | | | 0 |
| 10 | Total allocable deductions. Add line 9, columns | A through D. Enter h | ere and on Part I, line | e 7, column (B) | 0 |
| 11 | Total dividends — received deductions include | - | | | 0 |
| les Ko 91840 | ch Foundation | | 64 | | A (Form 990-T) 2022 |

| Par | t VI Interest, Annuit | ties, Royaltie | s, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions) | |
|------|---|---|--|--------|---|---|---|--|
| | Exempt Controlled Organizations | | | | | | | |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | co | luctions directly nnected with ne in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | : unrelated me (loss) structions) | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | co | ductions directly nnected with ne in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0 ation (see instructions) | Enter h | olumns 6 and 11. ere and on Part I, 8, column (B) 0 |
| Par | | | | r), (9 | | 4. Set-asides | E To | tal deductions |
| | 1. Description of income | 2. Amou | nt of income | | 3. Deductions lirectly connected attach statement) | (attach statement) | an | d set-asides olumns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) | |
| Tota | | | 0 | | | | | 0 |
| Par | - | | ncome, Othe | r Th | an Advertising In | come (see instructions | 3) | |
| 1 | Description of exploited | | | | | | | |
| 2 | | | | | | art I, line 10, column (A) | 2 | |
| 3 | Expenses directly conn line 10, column (B) | | | | | Enter here and on Part I, | 3 | |
| 4 | Net income (loss) from lines 5 through 7 | | | | | e 2. If a gain, complete | 4 | |
| 5 | Gross income from acti | | | | | | 5 | |
| 6 | Expenses attributable t | o income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expens 4. Enter here and on Pa | | | | | than the amount on line | 7 | |

Schedule A (Form 990-T) 2022

| Par | Advertising Income | | | | | : |
|-------|--|--------------------------------|-----------------------|-----------------|--|---|
| 1 | Name(s) of periodical(s). Check box if re | porting t | wo or more periodic | als on a consol | idated basis. | |
| | A 🗌 | | | | | |
| | В 🗌 | | | | | |
| | C 🗌 | | | | | |
| | D | | | | | |
| Enter | amounts for each periodical listed above | in the co | | | | _ |
| 2 | Gross advertising income | | Α | В | С | D |
| 2 | - | • • • | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (A) | | 0 |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, column | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 f 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, olumn in omplete | | | | |
| 5 | Readership costs | | | | | |
| 6 | Circulation income | | | | | |
| 7 | Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line than line 6, enter zero | 5 is less | | | | |
| 8 | Excess readership costs allowed | | | | | |
| 0 | deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | gain on | | | | |
| а | Add line 8, columns A through D. Ent Part II, line 13 | | | | | |
| Par | t X Compensation of Officers, Di | | | | | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | I. Enter here and on Part II, line 1 . | | | | | 0 |
| Par | XI Supplemental Information (se | e instru | ctions) | | | 0 |
| | | | , | | | |
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SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

20**22**

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> for instru Do not enter SSN numbers on this form as it may be | | | | en to Public Inspection for 1(c)(3) Organizations Only | | | | | |
|--|--|--------------|------------|---------------|---|--|--|--|--|--|
| A Name of the organizati | B Employer identific | ation number | | | | | | | | |
| CHARLES KOCH FOUNDATION | | | | 48-091 | 8408 | | | | | |
| C Unrelated business a | activity code (see instructions) | 9030 |)17 | D Sequence: 1 | ⁷ of ¹⁹ | | | | | |
| E Describe the unrelate | E Describe the unrelated trade or business FUND 17 | | | | | | | | | |
| Part I Unrelated | d Trade or Business Income | | (A) Income | (B) Expenses | (C) Net | | | | | |
| 1a Gross receipts of | or sales 00 | | | | | | | | | |
| b Less returns and a | allowances 0 c Balance | 1c | 0 | | | | | | | |
| 2 Cost of goods s | old (Part III, line 8) | 2 | 0 | | | | | | | |
| 3 Gross profit. Su | btract line 2 from line 1c | 3 | 0 | | 0 | | | | | |
| 4a Capital gain net | t income (attach Schedule D (Form 1041 or | | | | | | | | | |
| Form 1120)). Se | e instructions | 4a | 1,840 | | 1,840 | | | | | |

| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | | | | | | |
|--|---|---------------------------------------|---------------------------------------|--|--|---|--|--|--|
| | instructions | 4b | 0 | | | 0 | | | |
| С | Capital loss deduction for trusts | 4c | 0 | | | 0 | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | | | | |
| | statement) | 5 | 4,417 | | | 4,417 | | | |
| 6 | Rent income (Part IV) | 6 | 0 | | 0 | 0 | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | | 0 | 0 | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | | | | |
| | organization (Part VI) | 8 | 0 | | 0 | 0 | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | | | | |
| | organizations (Part VII) | 9 | 0 | | 0 | 0 | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | | 0 | 0 | | | |
| 11 | Advertising income (Part IX) | 11 | 0 | | 0 | 0 | | | |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | | 0 | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 6,257 | | 0 | 6,257 | | | |
| Par | Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. | | | | | | | | |
| | directly connected with the unrelated business inco | me. | | | | | | | |
| 1 | directly connected with the unrelated business inco Compensation of officers, directors, and trustees (Part X) | | | | 1 | 0 | | | |
| 1 2 | | | | | 1 | 0 | | | |
| | Compensation of officers, directors, and trustees (Part X) | · · | | | | | | | |
| 2 | Compensation of officers, directors, and trustees (Part X) Salaries and wages | · · | | · · · · | 2 | 0 | | | |
| 2 3 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . . Repairs and maintenance . . . | · · · | · · · · · · · · | · · · · · | 2 3 | 0 | | | |
| 2 3 4 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . . Repairs and maintenance . . . Bad debts | · · · | · · · · · · · · | · · · · · | 2 3 4 | 0 0 0 | | | |
| 2 3 4 5 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . . Taxes and licenses . . | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · | 2 3 4 5 | 0 0 0 0 | | | |
| 2 3 4 5 6 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . . Taxes and licenses . . . Depreciation (attach Form 4562). See instructions . . | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · | 2 3 4 5 6 | 0 0 0 0 | | | |
| 2 3 4 5 6 7 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . . Taxes and licenses . . | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · | 2 3 4 5 6 | 0 0 0 0 0 | | | |
| 2 3 4 5 6 7 8 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . Taxes and licenses . Depreciation (attach Form 4562). See instructions . Less depreciation claimed in Part III and elsewhere on return | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 2 3 4 5 6 8b | 0 0 0 0 0 0 | | | |
| 2 3 4 5 6 7 8 9 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . Taxes and licenses . Depreciation (attach Form 4562). See instructions . Less depreciation claimed in Part III and elsewhere on return . Depletion . . | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 2 3 4 5 6 8b 9 | 0 0 0 0 0 0 0 0 | | | |
| 2 3 5 6 7 8 9 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . Taxes and licenses . Less depreciation (attach Form 4562). See instructions . Depletion . Contributions to deferred compensation plans . | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 2 3 4 5 6 8 b 9 10 | 0 0 0 0 0 0 0 0 0 | | | |
| 2 3 6 7 8 9 10 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . Taxes and licenses . . Depreciation (attach Form 4562). See instructions . Less depreciation claimed in Part III and elsewhere on return . Depletion . . Contributions to deferred compensation plans . . | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · | 2 3 4 5 6 8 b 9 10 11 | 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | |
| 2 3 4 5 6 7 8 9 10 11 12 | Compensation of officers, directors, and trustees (Part X) . Salaries and wages . . Repairs and maintenance . . Bad debts . . Interest (attach statement). See instructions . Taxes and licenses . . Depreciation (attach Form 4562). See instructions . Less depreciation claimed in Part III and elsewhere on return . Depletion . . Contributions to deferred compensation plans . . Employee benefit programs . . . | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | 2 3 4 5 6 8b 9 10 11 12 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | |

| Schedu | le A (Form 990-T) 2022 | | | | Page 2 |
|---|---|--|--|---|---------------|
| Par | | thod of inventory value | | | |
| 1 | Inventory at beginning of year | | | | 0 |
| 2 3 | Purchases . | | | | 0 |
| 4 | Additional section 263A costs (attach statement) | | | | 0 |
| 5 | Other costs (attach statement) | | | | 0 |
| 6 | Total. Add lines 1 through 5 | | | | 0 |
| 7 | Inventory at end of year | | | | 0 |
| 8 9 | Cost of goods sold. Subtract line 7 from line 6. I Do the rules of section 263A (with respect to prope | | • | | 0 ? |
| | IV Rent Income (From Real Property and | | | | |
| 1 | Description of property (property street address, A | city, state, ZIP code). | - | | |
| | 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 column | ns A through D. Enter h | ere and on Part I, lin | e 6, column (A) | 0 |
| • | | | | | |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| | in lines 2(a) and 2(b) (attach statement) | e instructions) | | | |
| 4 5 Par | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP c | | | |
| 4 5 Par | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP c | | | |
| 4 5 Par | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP c | | | |
| 4 5 Par | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP c | code). Check if a du | al-use. See instruct | ions. |
| 4 5 Par 1 | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP c | code). Check if a du | al-use. See instruct | ions. |
| 4 5 Par 1 2 3 a | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP c | code). Check if a du | al-use. See instruct | ions. |
| 4 5 Pari 1 2 3 | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP c | code). Check if a du | al-use. See instruct | ions. |
| 4 5 Par 1 2 3 a b | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP c | code). Check if a du | al-use. See instruct | ions. |
| 4 5 Par 1 2 3 a b c | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP c | code). Check if a du | al-use. See instruct | |
| 4 5 Par 1 2 3 a b c 4 5 6 | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP c | code). Check if a du | al-use. See instruct | ions. |
| 4 5 Par 1 2 3 a b c 4 5 4 5 7 | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP of A | B % | C | D |
| 4 5 Par 1 2 3 a b c 4 5 6 7 8 | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP of A | B % | C | D |
| 4 5 Par 1 2 3 a b c 4 5 6 7 8 9 | in lines 2(a) and 2(b) (attach statement) | e instructions) Iress, city, state, ZIP of A A y ugh D). Enter here and | B B Non Part I, line 7, co | c C C C C C C C C C C C C C C C C C C C | ions. |
| 4 5 Par 1 2 3 a b c 4 5 6 7 8 | in lines 2(a) and 2(b) (attach statement) | e instructions) dress, city, state, ZIP of A A ugh D). Enter here and A through D. Enter here | B B Non Part I, line 7, cc re and on Part I, line | al-use. See instruct | D |

| Par | t VI Interest, Annuiti | es, Royaltie | es, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions | ;) |
|------|---|--|--|--------|--|--|--|---|
| | | Exempt Controlled Organizations | | | | | | |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | t unrelated me (loss) Istructions) | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Ente | I columns 6 and 11. r here and on Part I, ne 8, column (B) 0 |
| Par | t VII Investment Inco | me of a Sec | ction 501(c)() | 7), (9 |), or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | int of income | c | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Add amounts in column 5 Enter here and on Part I, line 9, column (B) | |
| Tota | | | 0 | | | | | 0 |
| Par | - | | ncome, Othe | er Th | an Advertising In | come (see instructions | 3) | |
| 1 | Description of exploited | • | | | | | | |
| 2 | Gross unrelated busines | | | | | | 2 | |
| 3 | Expenses directly conne line 10, column (B) | | | | | | 3 | |
| 4 | Net income (loss) from lines 5 through 7 | | | | | | 4 | |
| 5 | Gross income from activ | | | | | | 5 | |
| 6 | Expenses attributable to | income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expense 4. Enter here and on Par | | | | | | 7 | |

Schedule A (Form 990-T) 2022

| Par | Advertising Income | | | | | |
|--------|---|--------------------------------|-----------------------|------------------|--|---|
| 1 | Name(s) of periodical(s). Check box if re | porting t | wo or more period | cals on a consol | lidated basis. | |
| | A 🗌 | | | | | |
| | B | | | | | |
| | C 🗌 | | | | | |
| Entor | amounts for each periodical listed above | in the co | rresponding colum | n | | |
| Linter | amounts for each periodical listed above | | A | B | С | D |
| 2 | Gross advertising income | | | | | |
| а | Add columns A through D. Enter here a | nd on Pai | rt I, line 11, columr | (A) | | 0 |
| 3 | Direct advertising costs by periodical | [| | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, columr | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, olumn in omplete | | | | |
| 5 | Readership costs | | | | | |
| 6 7 | Circulation income Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero | ess than 5 is less | | | | |
| 8 | Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | gain on | | | | |
| а | Add line 8, columns A through D. Ent Part II, line 13 | | | | | |
| Par | t X Compensation of Officers, Di | rectors | and Trustees (s | see instructions | 6) | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | I. Enter here and on Part II, line 1 . | | | | | |
| Par | Supplemental Information (se | · · · | ctions) | · · · · · · | | 0 |
| r ar | | | | | | |
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SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

| Department of the Treasury Internal Revenue Service | Go to <i>www.irs.gov/Form990T</i> for instructions and the latest info Do not enter SSN numbers on this form as it may be made public if your organ | ormation. iization is a | 501(c)(3). | | Public Ins) Organiza | |
|--|--|----------------------------|------------|-----------|--------------------------|----|
| A Name of the organizat | on | B Emplo | oyer iden | tificatio | n numb | er |
| CHARLES KOCH FOUND | DATION | | 48 | -091840 | 8 | |
| C Unrelated business | activity code (see instructions) | D Sequ | ence: | 18 | of | 19 |
| | | | | | | |

E Describe the unrelated trade or business FUND 18

| Par | t I Unrelated Trade or Business Income | | (A) Income | (B) Expense | s | (C) Net |
|----------|---|----------|--------------------|---------------|----------|--------------------------------|
| 1a | Gross receipts or sales 0 | | | | | |
| b | Less returns and allowances 0 c Balance | 1c | 0 | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | | |
| | Form 1120)). See instructions | 4a | 383 | | | 383 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | | | |
| | instructions | 4b | 0 | | | 0 |
| _c | Capital loss deduction for trusts | 4c | 0 | | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | |
| | statement) | 5 | 0 | | | 0 |
| 6 | Rent income (Part IV) | 6 | 0 | | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | | | | | |
| 0 | Investment income of section 501(c)(7), (9), or (17) | 8 | 0 | | 0 | 0 |
| 9 | organizations (Part VII) | | | | | |
| 10 | | 9 | 0 | | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | | 0 | 0 |
| 11 12 | Advertising income (Part IX) | 11 12 | 0 | | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | 383 | | 0 | 0 383 |
| Par | | | | luctions Dod | | |
| Par | directly connected with the unrelated business inco | | infitations on dec | luctions. Ded | uctio | ns must be |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1 | 0 |
| 2 | Salaries and wages | | | | 2 | 0 |
| 3 | Repairs and maintenance | | | | 3 | 0 |
| 4 | Bad debts | | | - | 4 | 0 |
| 5 | Interest (attach statement). See instructions | | | - | 5 | 0 |
| 6 | Taxes and licenses | | 1 1 | | 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | | 0 | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | | 0 | 8b | 0 |
| 9 | Depletion | | | • | 9 | 0 |
| 10 | Contributions to deferred compensation plans | | | - | 10 | 0 |
| 11 | Employee benefit programs | | | | 11 | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | 12 | 0 |
| 13 | Excess readership costs (Part IX) | • • | | | 13 | 0 |
| 14 | Other deductions (attach statement) | | | • | 14 | 0 |
| 15 16 | Total deductions. Add lines 1 through 14 | | | | 15 | 0 |
| 10 | | | | | | |
| 47 | | | | | 16 | 383 |
| 17 18 | Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from lin | | | | 17 18 | 0 |
| | | | at. No. 74036O | | | 383 ule A (Form 990-T) 2022 |
| For Pa | perwork Reduction Act Notice, see instructions. | Ca | at. No. 740360 | | Sched | ule A (Form 990-T) 2022 |

| | le A (Form 990-T) 2022 | | | | Page 2 |
|--------|---|-------------------------|-------------------------|------------------------|-----------------------|
| | Cost of Goods Sold Enter me | | | | |
| 1 | Inventory at beginning of year | | | | 0 |
| 2 | Purchases | | | | 0 |
| 3 4 | Cost of labor | | | | 0 |
| 5 | Other costs (attach statement) | | | | 0 |
| 6 | Total. Add lines 1 through 5. | | | | 0 |
| 7 | Inventory at end of year | | | | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | Enter here and in Pa | rt I, line 2 | 8 | 0 |
| 9 | Do the rules of section 263A (with respect to prope | | | | 🗌 Yes 🗌 No |
| | IV Rent Income (From Real Property an | | - | | |
| 1 | Description of property (property street address, | city, state, ZIP code | e). Check if a dual-us | se. See instructions. | |
| | A [_] | | | | |
| | c 🗆 | | | | |
| | D [] | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% but not more than 50%) | | | | |
| h | , | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) . | | | | |
| с | Total rents received or accrued by property. | | | | |
| | Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c column | s A through D. Enter | bere and on Part L li | ne 6. column (A) | 0 |
| | | | | | Ũ |
| 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 c | on Part I, line 6, colu | mn (B) | 0 |
| Par | V Unrelated Debt-Financed Income (se | e instructions) | | | |
| 1 | Description of debt-financed property (street add | dress, city, state, ZIF | code). Check if a d | ual-use. See instructi | ons. |
| | A 🗌 | | | | |
| | B | | | | |
| | | | | | |
| | D 🗌 | Α | В | C | D |
| 2 | Gross income from or allocable to debt-financed | <u>A</u> | D | U | U |
| _ | 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 ar | nd on Part I, line 7, c | olumn (A) | 0 |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns | A through D. Enter h | here and on Part I. lin | e 7, column (B) | 0 |
| 11 | Total dividends — received deductions include | - | | | 0 |
| | | | | | ο Δ (Form 990-T) 2022 |

| Par | t VI Interest, Annuiti | es, Royaltie | es, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions | ;) |
|------|---|--|--|--------|--|--|--------|---|
| | | | | | Exempt Co | ntrolled Organizations | | |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | t unrelated me (loss) Istructions) | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Ente | I columns 6 and 11. r here and on Part I, ne 8, column (B) 0 |
| Par | t VII Investment Inco | me of a Sec | ction 501(c)() | 7), (9 |), or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | int of income | c | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Ente | amounts in column 5. r here and on Part I, ne 9, column (B) |
| Tota | | | 0 | | | | | 0 |
| Par | - | | ncome, Othe | er Th | an Advertising In | come (see instructions | 3) | |
| 1 | Description of exploited | • | | | | | | |
| 2 | Gross unrelated busines | | | | | | 2 | |
| 3 | Expenses directly conne line 10, column (B) | | | | | | 3 | |
| 4 | Net income (loss) from lines 5 through 7 | | | | | | 4 | |
| 5 | Gross income from activ | | | | | | 5 | |
| 6 | Expenses attributable to | income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expense 4. Enter here and on Par | | | | | | 7 | |

Schedule A (Form 990-T) 2022

| | Part | Advertising Income | | | | | |
|--|--------|--|-------------------------------|----------------------|------------------|-----------------|-----------------|
| B | 1 | Name(s) of periodical(s). Check box if re | porting tv | vo or more periodi | cals on a consol | idated basis. | |
| C | | Α 🗌 | | | | | |
| D A B C D 2 Gross advertising income A B C D a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | | | | |
| A B C D 2 Gross advertising income | | | | | | | |
| A B C D a Add columns A through D. Enter here and on Part I, line 11, column (A) | Entor | | in the cou | responding colum | n | | |
| 2 Gross advertising income | LING | amounts for each periodical listed above | | | | С | р |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) 0 3 Direct advertising costs by periodical 0 a Add columns A through D. Enter here and on Part I, line 11, column (B) 0 4 Advertising gain (loss). Subtract line 3 from line 0 2. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 0 5 Readership costs 0 6 Circulation income 0 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5 is less than line 6, enter zero 0 8 Excess readership costs. allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 ine. 0 Part X Compensation of Officers, Directors, and Trustees (see instructions) 1 1 Name 2. Title 3. Percentage of time devoted to business (1) 9 % 4. Compensation of Officers, Directors, and Trustees (see instructions) 1 Name 2. Title 3. Percentage of time devoted to business (2) 9 % 4. Compensation attinuation att | 2 | Gross advertising income | | Α | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) 0 4 Advertising gain (loss). Subtract line 3 from line 0 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 0 5 Readership costs 0 6 Circulation income 0 7 Excess readership costs 0 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 0 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 0 Part X Compensation of Officers, Directors, and Trustees (see instructions) 0 1 1 1 1 1 1 9 0 2 1 9 0 1 1 9 0 1 9 9 0 1 9 9 0 2 1 9 0 1 1 9 0 1 9 <td< td=""><td>а</td><td>-</td><td>d on Par</td><td>t I, line 11, column</td><td>(A)</td><td></td><td>0</td></td<> | а | - | d on Par | t I, line 11, column | (A) | | 0 |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 5 Readership costs | 3 | Direct advertising costs by periodical | [| | | | |
| 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | а | Add columns A through D. Enter here an | nd on Par | t I, line 11, column | (B) | | . 0 |
| 6 Circulation income | 4 | 2. For any column in line 4 showing complete lines 5 through 8. For any col line 4 showing a loss or zero, do not co | a gain, lumn in omplete | | | | |
| deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | 6 | Circulation income . Excess readership costs. If line 6 is lead line 5, subtract line 6 from line 5. If line 5 | ss than 5 is less | | | | |
| Part II, line 13 | 8 | deduction. For each column showing a | gain on | | | | |
| Part X Compensation of Officers, Directors, and Trustees (see instructions) 1. Name 2. Title 3. Percentage of time devoted to business 4. Compensation attributable to unrelated business (1) 9% (2) 9% (3) 9% (4) 9% Total. Enter here and on Part II, line 1 9% 0 | а | | | | | | |
| 1. Name2. Titleof time devoted to businessattributable to unrelated business(1)%(2)%(3)%(4)%Total. Enter here and on Part II, line 1%0 | Par | t X Compensation of Officers, Di | rectors, | and Trustees (s | ee instructions | 5) | |
| (2) % (3) % (4) % Total. Enter here and on Part II, line 1 0 | | 1. Name | | 2. Title | | of time devoted | attributable to |
| (3) % (4) % Total. Enter here and on Part II, line 1 0 | (1) | | | | | % | |
| (4) % Total. Enter here and on Part II, line 1 0 | (2) | | | | | | |
| Total. Enter here and on Part II, line 1 | | | | | | | |
| Total. Enter here and on Part II, line 1 0 Part XI Supplemental Information (see instructions) | (4) | | | | | % | |
| Part XI Supplemental Information (see instructions) | Tota | Foter here and on Part II line 1 | | | | | 0 |
| | Par | Supplemental Information (se | e instruc | tions) | <u></u> | | 0 |
| | I GI I | | | | | | |
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SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

20**22**

| | Co to unusu in a nul/Form 000T for instructions | | | | | |
|--|--|------------|-----------------|---------------------|---------------------------|-----------------------------|
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form9907 for instructions Do not enter SSN numbers on this form as it may be made | | | Open to 501(c)(3 | Public Ins 3) Organiza | spection for ations Only |
| A Name of the organizat | ion | | B Employer ider | ntificatio | n numb | er |
| CHARLES KOCH FOUND | DATION | 48 | -091840 | 8 | | |
| C Unrelated business | activity code (see instructions) |)19 | D Sequence: | 19 | of | 19 |
| E Describe the unrelat | ed trade or business FUND 19 | | | | | |
| Part | d Trada ar Pusinasa Incoma | (A) Incomo | (B) Exponsos | | (C) N | lot |

| Pa | t Unrelated Trade or Business Income | | (A) Income | (B) Ex | penses | (C) Net |
|--------|---|-------|--------------------|-----------|----------|--------------------------|
| 1a | Gross receipts or sales 0 | | | | | |
| b | Less returns and allowances 0 c Balance | 1c | 0 | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 0 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 | | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | | | |
| | Form 1120)). See instructions | 4a | 0 | | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | | | |
| | instructions | 4b | 0 | | | 0 |
| С | Capital loss deduction for trusts | 4c | 0 | | | 0 |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | |
| | statement) | 5 | (6,275,371) | | | (6,275,371) |
| 6 | Rent income (Part IV) | 6 | 0 | | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 | 0 | | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| - | organization (Part VI) | 8 | 0 | | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | |
| | organizations (Part VII) | 9 | 0 | - | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 | 0 | | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 | 0 | | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 | 0 | | | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 | (6,275,371) | | 0 | (6,275,371) |
| Par | t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco | | limitations on dec | ductions. | Deductio | ons must be |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | . 1 | 0 |
| 2 | Salaries and wages | | | | . 2 | 0 |
| 3 | Repairs and maintenance | | | | . 3 | 0 |
| 4 | Bad debts | | | | . 4 | 0 |
| 5 | Interest (attach statement). See instructions | | | | | 0 |
| 6 | Taxes and licenses | | | | . 6 | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | | | | 0 | |
| 8 | Less depreciation claimed in Part III and elsewhere on return . | | | | 0 8b | 0 |
| 9 | Depletion | | | | | 0 |
| 10 | Contributions to deferred compensation plans | | | | | 0 |
| 11 | Employee benefit programs | | | | | 0 |
| 12 | Excess exempt expenses (Part VIII) | | | | | 0 |
| 13 | Excess readership costs (Part IX) | | | | | 0 |
| 14 | Other deductions (attach statement) | | | | | 0 |
| 15 | Total deductions. Add lines 1 through 14 | | | | | 0 |
| 16 | Unrelated business income before net operating loss deductio column (C) | | | | | (6,275,371) |
| 17 | Deduction for net operating loss. See instructions | | | | . 17 | 0 |
| 18 | Unrelated business taxable income. Subtract line 17 from lin | ne 16 | | | . 18 | (6,275,371) |
| For Pa | perwork Reduction Act Notice, see instructions. | Ca | it. No. 740360 | | Scheo | lule A (Form 990-T) 2022 |

| | le A (Form 990-T) 2022 | | | | Page 2 |
|--------|---|-------------------------|-------------------------|------------------------|-----------------------|
| | Cost of Goods Sold Enter me | | | | |
| 1 | Inventory at beginning of year | | | | 0 |
| 2 | Purchases | | | | 0 |
| 3 4 | Cost of labor | | | | 0 |
| 5 | Other costs (attach statement) | | | | 0 |
| 6 | Total. Add lines 1 through 5. | | | | 0 |
| 7 | Inventory at end of year | | | | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | Enter here and in Pa | rt I, line 2 | 8 | 0 |
| 9 | Do the rules of section 263A (with respect to prope | | | | 🗌 Yes 🗌 No |
| | IV Rent Income (From Real Property an | | - | | |
| 1 | Description of property (property street address, | city, state, ZIP code | e). Check if a dual-us | se. See instructions. | |
| | A [_] | | | | |
| | c 🗆 | | | | |
| | D [] | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% but not more than 50%) | | | | |
| h | , | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) . | | | | |
| с | Total rents received or accrued by property. | | | | |
| | Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c column | s A through D. Enter | bere and on Part L li | ne 6. column (A) | 0 |
| | | | | | Ũ |
| 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 c | on Part I, line 6, colu | mn (B) | 0 |
| Par | V Unrelated Debt-Financed Income (se | e instructions) | | | |
| 1 | Description of debt-financed property (street add | dress, city, state, ZIF | code). Check if a d | ual-use. See instructi | ons. |
| | A 🗌 | | | | |
| | B | | | | |
| | | | | | |
| | D 🗌 | Α | В | C | D |
| 2 | Gross income from or allocable to debt-financed | <u>A</u> | D | U | U |
| _ | 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 ar | nd on Part I, line 7, c | olumn (A) | 0 |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns | A through D. Enter h | here and on Part I. lin | e 7, column (B) | 0 |
| 11 | Total dividends — received deductions include | - | | | 0 |
| | | | | | ο Δ (Form 990-T) 2022 |

| Par | t VI Interest, Annuiti | es, Royaltie | es, and Rents | s froi | m Controlled Org | anizations (see instruc | ctions | ;) |
|------|---|--|--|--------|--|--|--------|---|
| | | | | | Exempt Co | ntrolled Organizations | | · |
| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrela income (los (see instructio | s) | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | Nonexemp | ot Cor | ntrolled Organization | าร | | |
| | 7. Taxable income | inco | t unrelated me (loss) Istructions) | | . Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | | Deductions directly connected with come in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tota | als | | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Ente | I columns 6 and 11. r here and on Part I, ne 8, column (B) 0 |
| Par | t VII Investment Inco | me of a Sec | ction 501(c)() | 7), (9 |), or (17) Organiza | ation (see instructions) | | |
| | 1. Description of income | | int of income | c | 3. Deductions lirectly connected attach statement) | 4. Set-asides (attach statement) | | Total deductions and set-asides d columns 3 and 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A) | | | | Ente | amounts in column 5. r here and on Part I, ne 9, column (B) |
| Tota | | | 0 | | | | | 0 |
| Par | - | | ncome, Othe | er Th | an Advertising In | come (see instructions | 3) | |
| 1 | Description of exploited | • | | | | | | |
| 2 | Gross unrelated busines | | | | | | 2 | |
| 3 | Expenses directly conne line 10, column (B) | | | | | | 3 | |
| 4 | Net income (loss) from lines 5 through 7 | | | | | | 4 | |
| 5 | Gross income from activ | | | | | | 5 | |
| 6 | Expenses attributable to | income ente | red on line 5 | | | | 6 | |
| 7 | Excess exempt expense 4. Enter here and on Par | | | | | | 7 | |

Schedule A (Form 990-T) 2022

| Par | Advertising Income | | | | | |
|--------|---|--------------------------------|-----------------------|------------------|--|---|
| 1 | Name(s) of periodical(s). Check box if re | porting t | wo or more period | cals on a consol | lidated basis. | |
| | A 🗌 | | | | | |
| | B | | | | | |
| | C 🗌 | | | | | |
| Entor | amounts for each periodical listed above | in the co | rresponding colum | n | | |
| Linter | amounts for each periodical listed above | | A | B | С | D |
| 2 | Gross advertising income | | | | | |
| а | Add columns A through D. Enter here a | nd on Pai | rt I, line 11, columr | (A) | | 0 |
| 3 | Direct advertising costs by periodical | [| | | | |
| а | Add columns A through D. Enter here a | nd on Pa | rt I, line 11, columr | (B) | | 0 |
| 4 | Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | a gain, olumn in omplete | | | | |
| 5 | Readership costs | | | | | |
| 6 7 | Circulation income Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero | ess than 5 is less | | | | |
| 8 | Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | gain on | | | | |
| а | Add line 8, columns A through D. Ent Part II, line 13 | | | | | |
| Par | t X Compensation of Officers, Di | rectors | and Trustees (s | see instructions | 6) | |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | I. Enter here and on Part II, line 1 . | | | | | |
| Par | Supplemental Information (se | · · · | ctions) | · · · · · · | | 0 |
| r ar | | | | | | |
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| | | | | | | |

| Return Reference - Identifier | Explanation |
|---------------------------------|--|
| BOOK CARE - NAME AND ADDRESS | HENRICH HEUER, 4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203 |

Form 990T Part I, Line 4

Charitable Contributions

| Year Generated | Amount Generated | Amount Used in Prior Years | Amount Used in Current Year | Amount Converted to NOL | Amount Remaining | Contribution Carryover Expires |
|----------------|------------------|-------------------------------|--------------------------------|-------------------------|------------------|-----------------------------------|
| 2016 | 80,192,363 | | | | 80,192,363 | 2021 |
| 2017 | 88,473,872 | | | | 88,473,872 | 2022 |
| 2018 | 127,879,272 | | | | 127,879,272 | 2023 |
| 2019 | 138,002,575 | | | | 138,002,575 | 2024 |
| 2020 | 99,640,967 | 80,048 | | | 99,560,919 | 2025 |
| 2021 | 93,811,114 | 216,759 | | | 93,594,355 | 2026 |
| 2022 | 57,848,262 | | 248,862 | | 57,599,400 | 2027 |
| Totals | 685,848,425 | 296,807 | 248,862 | 0 | 685,302,756 | |

Form 990T Part I, Line 6

Deduction for net operating loss arising in tax years beginning before January 1, 2018

| Year Generated | Amount Generated | Converted Contributions | Amount Used in Prior Years | Amount Used in Current Year | Amount Remaining | NOL Expires |
|----------------|------------------|----------------------------|-------------------------------|--------------------------------|------------------|-------------|
| | | | | | 0 | |
| Totals | 0 | 0 | 0 | 0 | 0 | |

Form 990T Part III, Line 6b

| Date | Amount |
|------------|-----------|
| 06/15/2022 | 1,000,000 |
| Totals | 1,000,000 |

Form 990T Part IV, Line 5

| Business Activity Code | Available post-2017 NOL carryover |
|------------------------|-----------------------------------|
| 903004 | 0 |
| 903005 | 129,538 |
| 903006 | 0 |
| 903007 | 104,234 |
| 903008 | 0 |
| 903009 | 0 |
| 903010 | 0 |
| 903011 | 33,223 |
| 903012 | 259,048 |
| 903013 | 0 |
| 903014 | 0 |
| 901101 | 0 |
| 903016 | 0 |
| 903017 | 0 |
| 903018 | 0 |
| 903019 | 0 |
| 903020 | 0 |

| Name of Partnership | | Share of gross income | Share of deductions | Gain or loss |
|---------------------|-------|-----------------------|---------------------|--------------|
| FUND 1 | | | | |
| (1) FUND 1 | | 7,291 | | 7,291 |
| | Total | 7,291 | 0 | 7,291 |
| FUND 2 | | | | |
| (1) FUND 2 | | 43,856 | | 43,856 |
| | Total | 43,856 | 0 | 43,856 |
| FUND 3 | | | | |
| (1) FUND 3 | | 108,097 | | 108,097 |
| | Total | 108,097 | 0 | 108,097 |
| FUND 4 | | | | |
| (1) FUND 4 | | 5,619 | | 5,619 |
| | Total | 5,619 | 0 | 5,619 |
| FUND 5 | | | | |
| (1) FUND 5 | | (110,435) | | (110,435) |
| | Total | (110,435) | 0 | (110,435) |
| FUND 8 | | | | |
| (1) FUND 8 | | 281 | | 281 |
| | Total | 281 | 0 | 281 |
| FUND 10 | | | | |
| (1) FUND 10 | | 235,525 | | 235,525 |
| | Total | 235,525 | 0 | 235,525 |
| FUND 11 | | | | |
| (1) FUND 11 | | (88,065) | | (88,065) |
| | Total | (88,065) | 0 | (88,065) |
| FUND 12 | | | | |
| (1) FUND 12 | | (287,969) | | (287,969) |
| | Total | (287,969) | 0 | (287,969) |
| FUND 13 | | i | | |
| (1) FUND 13 | | 36,633 | | 36,633 |
| | Total | 36,633 | 0 | 36,633 |
| FUND 15 | | i | | |
| (1) FUND 15 | | 1,192,946 | | 1,192,946 |
| | Total | 1,192,946 | 0 | 1,192,946 |
| FUND 16 | | i | | |
| (1) FUND 16 | | 1,104,579 | | 1,104,579 |
| | Total | 1,104,579 | 0 | 1,104,579 |
| FUND 17 | i | i | i | |
| (1) FUND 17 | | 4,417 | | 4,417 |
| | Total | 4,417 | 0 | 4,417 |
| FUND 19 | | | | |
| (1) FUND 19 | | (6,275,371) | | (6,275,371) |
| | Total | (6,275,371) | 0 | (6,275,371) |

Schedule A - Part II, Line 6

Taxes and Licenses

| Description | Amount |
|-------------|--------|
| FUND 15 | |
| (1) TAXES | 222,10 |

Other Deductions

| Description | Amount |
|---------------------|--------|
| FUND 15 | |
| (1) ACCOUNTING FEES | 4,671 |

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

| Year Generated | Amount Generated | Converted Contributions | Amount Used in Prior Years | Amount Used in Current Year | Amount Remaining |
|----------------|------------------|-------------------------|-------------------------------|--------------------------------|------------------|
| FUND 1 | | | | | |
| 2020 | 1,219,675 | | | 5,833 | 1,213,842 |
| 2021 | 953,549 | | | | 953,549 |
| Totals | 2,173,224 | 0 | 0 | 5,833 | 2,167,391 |
| FUND 2 | | | | | |
| 2020 | 180,576 | | 123,183 | 35,085 | 22,308 |
| Totals | 180,576 | 0 | 123,183 | 35,085 | 22,308 |
| FUND 5 | · | | | · | |
| 2020 | 12,035 | | | | 12,035 |
| 2021 | 117,503 | | | | 117,503 |
| 2022 | 110,435 | | | | 110,435 |
| Totals | 239,973 | 0 | 0 | 0 | 239,973 |
| FUND 7 | | | | · | |
| 2020 | 32,293 | | | | 32,293 |
| 2021 | 71,941 | | | | 71,941 |
| Totals | 104,234 | 0 | 0 | 0 | 104,234 |
| FUND 11 | | | | · | |
| 2020 | 2,881 | | | | 2,881 |
| 2021 | 30,342 | | | | 30,342 |
| 2022 | 88,065 | | | | 88,065 |
| Totals | 121,288 | 0 | 0 | 0 | 121,288 |
| FUND 12 | | | | · | |
| 2020 | 5,603 | | | | 5,603 |
| 2021 | 253,445 | | | | 253,445 |
| 2022 | 287,969 | | | | 287,969 |
| Totals | 547,017 | 0 | 0 | 0 | 547,017 |
| FUND 15 | | | | | |
| 2018 | 67,022 | | 67,022 | | 0 |
| 2020 | 624,704 | | 624,704 | | 0 |
| Totals | 691,726 | 0 | 691,726 | 0 | 0 |
| FUND 19 | , -, | - 1 | , - | -1 | |
| 2022 | 6,275,371 | | | | 6,275,371 |
| Totals | 6,275,371 | 0 | 0 | 0 | 6,275,371 |

Department of the Treasury

Capital Gains and Losses

OMB No. 1545-0123

2022

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.

| Intern | al Revenue Service | Go to www.irs.gov/Form | 1120 for instructions | and the latest informa | ation. | | | | |
|--|--|---|--|--|---|--------------------------------|--|--|-------------------------------|
| Name CHA | RLES KOCH FOU | NDATION | | | | Employ | | ntification number 18-0918408 | |
| | | ispose of any investment(s) in a qual | | - | - | | | . 🗌 Yes 🗹 N | No |
| - | | 8949 and see its instructions for add | | | | or loss | S. | | |
| Pa | | rm Capital Gains and Losses- | -Assets Held Oi | ne Year or Less | | | | | |
| | the lines below. | how to figure the amounts to enter on sier to complete if you round off cents to | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjus or loss fr 8949, Pa column (| om Form rt I, line 2 | (s) | (h) Gain or (loss) Subtract column (e) fi column (d) and comb the result with column | oine |
| 1a | Totals for all short- 1099-B for which b which you have no | term transactions reported on Form asis was reported to the IRS and for adjustments (see instructions). However, port all these transactions on Form 8949, < and go to line 1b | | | | 5) | | | 0 |
| 1b | Totals for all trans with Box A check | sactions reported on Form(s) 8949 ked | | | | | | | 0 |
| 2 | Totals for all trans with Box B check | sactions reported on Form(s) 8949 ked | 33,545 | 0 | | | 0 | 33 | 3,545 |
| 3 | Totals for all trans with Box C check | sactions reported on Form(s) 8949 ked | 0 | 0 | | | 0 | 74 | 1,356 |
| 4 | | al gain from installment sales from For | | | | | 4 | | |
| 5 | | al gain or (loss) from like-kind exchang | es from Form 8824 | | | | 5 | | |
| 6 | | oss carryover (attach computation) . | | | | • • | 6 | (705,3 | 296) |
| 7 Pai | | apital gain or (loss). Combine lines 1a t rm Capital Gains and Losses— | | | ear | | 7 | (597, | ,395) |
| | | | | | | | | | |
| | See instructions for the lines below. | r how to figure the amounts to enter on | (d) Proceeds | (e) Cost | (g) Adjus or loss fr | om Form | (s) | (h) Gain or (loss) Subtract column (e) fi | |
| | See instructions for the lines below. | - | (d) | (e) | (g) Adjus | om Form rt II, line : | (s) | | oine |
| | See instructions for the lines below. This form may be ea whole dollars. Totals for all long-t 1099-B for which b which you have no | asier to complete if you round off cents to erm transactions reported on Form basis was reported to the IRS and for adjustments (see instructions). However, port all these transactions on Form 8949, | (d) Proceeds | (e) Cost | (g) Adjus or loss fr 8949, Pa | om Form rt II, line : | (s) | Subtract column (e) fi column (d) and comb | oine |
| 8a | See instructions for the lines below. This form may be ex- whole dollars. Totals for all long-tr 1099-B for which b which you have no if you choose to re leave this line blank | r how to figure the amounts to enter on asier to complete if you round off cents to erm transactions reported on Form vasis was reported to the IRS and for adjustments (see instructions). However, port all these transactions on Form 8949, < and go to line 8b sactions reported on Form(s) 8949 | (d) Proceeds | (e) Cost | (g) Adjus or loss fr 8949, Pa | om Form rt II, line : | (s) | Subtract column (e) fi column (d) and comb | oine n (g) |
| 8a | See instructions for the lines below. This form may be ea whole dollars. Totals for all long-tr 1099-B for which b which you have no if you choose to rep leave this line blank Totals for all trans with Box D check | r how to figure the amounts to enter on asier to complete if you round off cents to erm transactions reported on Form adjustments (see instructions). However, port all these transactions on Form 8949, < and go to line 8b | (d) Proceeds | (e) Cost | (g) Adjus or loss fr 8949, Pa | om Form rt II, line : | (s) | Subtract column (e) fi column (d) and comb the result with column | oine n (g) 0 |
| 8a 8b 9 | See instructions for the lines below. This form may be ex- whole dollars. Totals for all long-tr 1099-B for which b which you have no if you choose to re- leave this line blank Totals for all trans with Box D check Totals for all trans with Box E check | r how to figure the amounts to enter on asier to complete if you round off cents to erm transactions reported on Form basis was reported to the IRS and for adjustments (see instructions). However, port all these transactions on Form 8949, c and go to line 8b | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjus or loss fr 8949, Pa | om Form rt II, line : | (s) 2, | Subtract column (e) fi column (d) and comb the result with column | oine n (g) 0 |
| 8a 8b 9 10 | See instructions for the lines below. This form may be ea whole dollars. Totals for all long-tr 1099-B for which b which you have no if you choose to re leave this line blank Totals for all trans with Box D check Totals for all trans with Box E check Totals for all trans with Box F check | r how to figure the amounts to enter on asier to complete if you round off cents to erm transactions reported on Form asis was reported to the IRS and for adjustments (see instructions). However, port all these transactions on Form 8949, c and go to line 8b | (d) Proceeds (sales price) 50,318 | (e) Cost (or other basis) | (g) Adjus or loss fr 8949, Pa | om Form rt II, line : | (s) 2, 0 | Subtract column (e) fi column (d) and comb the result with column | oine n (g) 0),318 |
| 8a 8b 9 10 | See instructions for the lines below. This form may be ea whole dollars. Totals for all long-tr 1099-B for which b which you have no if you choose to re leave this line blank Totals for all trans with Box D check Totals for all trans with Box E check Totals for all trans with Box F check Enter gain from F | r how to figure the amounts to enter on asier to complete if you round off cents to erm transactions reported on Form vasis was reported to the IRS and for adjustments (see instructions). However, port all these transactions on Form 8949, < and go to line 8b | (d) Proceeds (sales price) 50,318 | (e) Cost (or other basis) 0 | (g) Adjus or loss fr 8949, Pa | om Form rt II, line : | (s) 2, 0 | Subtract column (e) fi column (d) and comb the result with column | oine n (g) 0),318 |
| 8a 8b 9 10 11 12 | See instructions for the lines below. This form may be ea whole dollars. Totals for all long-tr 1099-B for which b which you have no if you choose to re leave this line blank Totals for all trans with Box D check Totals for all trans with Box E check Totals for all trans with Box E check Enter gain from F Long-term capital | r how to figure the amounts to enter on asier to complete if you round off cents to erm transactions reported on Form vasis was reported to the IRS and for adjustments (see instructions). However, port all these transactions on Form 8949, < and go to line 8b | (d) Proceeds (sales price) 50,318 0 n 6252, line 26 or 3 | (e) Cost (or other basis) 0 | (g) Adjus or loss fr 8949, Pa | om Form rt II, line : | (s) 2, 0 0 11 | Subtract column (e) fi column (d) and comb the result with column | oine n (g) 0),318 |
| 8a 8b 9 10 11 12 | See instructions for the lines below. This form may be ear whole dollars. Totals for all long-tr 1099-B for which b which you have no if you choose to rej leave this line blank Totals for all trans with Box D check Totals for all trans with Box E check Totals for all trans with Box F check Enter gain from F Long-term capita | r how to figure the amounts to enter on asier to complete if you round off cents to erm transactions reported on Form vasis was reported to the IRS and for adjustments (see instructions). However, port all these transactions on Form 8949, c and go to line 8b | (d) Proceeds (sales price) 50,318 0 n 6252, line 26 or 3 es from Form 8824 | (e) Cost (or other basis) 0 | (g) Adjus or loss fr 8949, Pa | om Form rt II, line : | (s) 2, 0 11 12 | Subtract column (e) fi column (d) and comb the result with column | oine n (g) 0),318 |
| 8a 8b 9 10 11 12 13 14 15 | See instructions for the lines below. This form may be ear whole dollars. Totals for all long-tr 1099-B for which b which you have no if you choose to rej leave this line blank Totals for all trans with Box D check Totals for all trans with Box E check Totals for all trans with Box F check Enter gain from F Long-term capita Capital gain distr Net long-term ca | r how to figure the amounts to enter on asier to complete if you round off cents to erm transactions reported on Form vasis was reported to the IRS and for adjustments (see instructions). However, port all these transactions on Form 8949, < and go to line 8b | (d) Proceeds (sales price) 50,318 0 | (e) Cost (or other basis) 0 | (g) Adjus or loss fr 8949, Pa column (| om Form rt II, line : | (s) 2, 0 11 12 13 | Subtract column (e) fi column (d) and comb the result with column 50 563 | oine n (g) 0),318 |
| 8a 8b 9 10 11 12 13 14 15 Par | See instructions for the lines below. This form may be ea whole dollars. Totals for all long-t 1099-B for which b which you have no if you choose to rep leave this line blank Totals for all trans with Box D check Totals for all trans with Box E check Totals for all trans with Box E check Enter gain from F Long-term capita Capital gain distr Net long-term ca | r how to figure the amounts to enter on asier to complete if you round off cents to erm transactions reported on Form vasis was reported to the IRS and for adjustments (see instructions). However, port all these transactions on Form 8949, < and go to line 8b | (d) Proceeds (sales price) 50,318 0 | (e) Cost (or other basis) 0 0 0 0 0 0 0 0 0 0 0 0 0 | (g) Adjus or loss fr 8949, Pa column (| om Form rt II, line 2 g) | (s) 2, 0 11 12 13 14 15 | Subtract column (e) fi column (d) and comb the result with column 50 563 | 0 0),318 3,766 |
| 8a 8b 9 10 11 12 13 14 15 | See instructions for the lines below. This form may be ea whole dollars. Totals for all long-t 1099-B for which b which you have no if you choose to rep leave this line blank Totals for all trans with Box D check Totals for all trans with Box E check Totals for all trans with Box E check Totals for all trans with Box F check Enter gain from F Long-term capita Capital gain distr Net long-term ca Enter excess of n | r how to figure the amounts to enter on asier to complete if you round off cents to erm transactions reported on Form adjustments (see instructions). However, port all these transactions on Form 8949, < and go to line 8b | (d) Proceeds (sales price) 50,318 0 n 6252, line 26 or 3 es from Form 8824 nrough 14 in column net long-term capit | (e) Cost (or other basis) 0 0 0 0 0 0 0 0 0 0 0 0 0 | (g) Adjus or loss fr 8949, Pa column (| om Form rt II, line 2 g) | (s) 2, 0 11 12 13 14 | Subtract column (e) fi column (d) and comb the result with column 50 563 614 | 0 0 0 0,318 3,766 |
| 8a 8b 9 10 11 12 13 14 15 Par 16 17 | See instructions for the lines below. This form may be ear whole dollars. Totals for all long-tr 1099-B for which b which you have no if you choose to rej leave this line blank Totals for all trans with Box D check Totals for all trans with Box E check Totals for all trans with Box E check Enter gain from F Long-term capita Capital gain distr Net long-term ca Enter excess of m Net capital gain. | r how to figure the amounts to enter on asier to complete if you round off cents to erm transactions reported on Form vasis was reported to the IRS and for adjustments (see instructions). However, port all these transactions on Form 8949, < and go to line 8b | (d) Proceeds (sales price) 50,318 50,318 0 | (e) Cost (or other basis) 0 0 0 0 0 0 0 0 0 0 0 0 0 | (g) Adjus or loss fr 8949, Pa column (| om Form rt II, line ; g) | (s) 2, 0 11 12 13 14 15 16 | Subtract column (e) fi column (d) and comb the result with column 50 563 614 614 | 0 0 0,318 3,766 |

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

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Schedule D 1120, Line 6 Details

Unused Capital Loss Carryover Computation

| Year Generated | Amount Generated | Amount Used in Prior Years | Amount Used in Current Year | Amount Remaining | Capital NOL Expires |
|----------------|------------------|-------------------------------|--------------------------------|------------------|---------------------|
| 2020 | 2,433,608 | 2,433,608 | | 0 | 2025 |
| 2021 | 810,295 | 104,999 | | 705,296 | 2026 |
| | | | Total Carry Over Value | 705,296 | |

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

pital Assets

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

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



OMB No. 1545-0074

| Name(s) shown on return | Social security number or taxpayer identification number |
|-------------------------|--|
| CHARLES KOCH FOUNDATION | 48-0918408 |

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

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

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

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

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

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

C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired (Mo., day, yr.) (Ko., day, yr.) | Date sold or | (d) Proceeds | (e) Cost or other basis See the Note 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 combine the result with column (g). |
|---|--|--|--|---|---|---|---|
| (Example: 100 sh. XYZ Co.) | | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | | |
| FORM 6781, PART I | | | 33,545 | | | | 33,545 |
| | | | | | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C | I here and incl is checked), lin | lude on your ie 2 (if Box B | 33,545 | 0 | | 0 | 33,545 |

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

For Paperwork Reduction Act Notice, see your tax return instructions. Charles Koch Foundation 48-0918408

| Form 8949 (2022) | Attachment Sequence No. 12A | Page 2 |
|--|--|---------------|
| Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side | Social security number or taxpayer identification numb | ber |

CHARLES KOCH FOUNDATION

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).

48-0918408

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

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

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

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

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate | If you enter an enter a c See the sep (f) | if any, to gain or loss amount in column (g), ode in column (f). parate instructions. (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result |
|--|--|--|---|---|--|---|---|
| | | (, ady, y, | (000 men denono) | instructions. | Code(s) from instructions | Amount of adjustment | with column (g). |
| FORM 6781, PART I | | | 50,318 | | | | 50,318 |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box | al here and inc is checked), lir | lude on your 1e 9 (if Box E | 50,318 | 0 | | 0 | 50,318 |

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 (2022)

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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 |
|-------------------------|--|
| CHARLES KOCH FOUNDATION | 48-0918408 |

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

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

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

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

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

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

C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) | |
|---|---|--|---|--|---|---|--|--|
| (Example: 100 sh. XYZ Co.) | Date acquired (Mo., day, yr.) | (sales price) (see instructions) | and see <i>Column</i> (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). | | |
| FUND 16 - ST | | | | | | 0 | 10,503 | |
| QPI - ST | | | | | | 0 | 63,853 | |
| FORM 6781, PART II | | | | | | | 0 | |
| FORM 6781, PART II | | | | | | | 0 | |
| | | | | | | | 0 | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C | al here and inclusion in the inclusion of the second | lude on your ie 2 (if Box B | 0 | 0 | | 0 | 74,356 | |

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

For Paperwork Reduction Act Notice, see your tax return instructions. Charles Koch Foundation 48-0918408

| Form 8949 (2022) | | Attachment Sequence No. 12A | Page 2 |
|---|--------------------|--------------------------------------|---------------|
| Name(s) shown on return. Name and SSN or taxpaver identification no not required if shown on other side | Social security nu | Imber or taxpaver identification num | ber |

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

48-0918408

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

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

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

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

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | If you enter an enter a co | f any, to gain or loss amount in column (g), ode in column (f). arate instructions. | , (h) Gain or (loss) Subtract column (e) | |
|--|--|--|-------------------------------------|---|-------------------------------------|--|---|--|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). | |
| FUND 4 - LT | | | | | | 0 | 3,081 | |
| FUND 16 - LT | | | | | | | | |
| FUND 17 - LT | | | | | | 0 | 1,265 | |
| QPI - LT | | | | | | 0 | 1,840 | |
| FUND 8 - LT | | | | | | 0 | 488,011 | |
| FORM 6781, PART II | | | | | | 0 | 69,569 | |
| FORM 6781, PART II | | | | | | | 0 | |
| | | | | | | | 0 | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box | al here and inc is checked), lir | lude on your 1e 9 (if Box E | 0 | 0 | | 0 | 563,766 | |

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 (2022)

| Form | 6781 |
|-------|-----------------------|
| Depar | tment of the Treasury |

Internal Revenue Service

See instructions.

Name(s) shown on tax return

Gains and Losses From Section 1256 Contracts and Straddles

OMB No. 1545-0644

2

Go to www.irs.gov/Form6781 for the latest information.

Attach to your tax return.

Attachment Sequence No. 82 Identifying number

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| | | 48-0918408 |
|-------------------------|---|-----------------|
| Mixed straddle election | C | ccount election |

Check all applicable boxes. Α 🗌 **B** Straddle-by-straddle identification election D 🗌 Net section 1256 contracts loss election

| Part I | Section 1256 Contracts Marked to Market |
|--------|---|
| | |

| | (a) Identification of account | (b) (Loss) | (c) Gain | | |
|-----|---|----------------------|----------------|-------|--------|
| 1 | PASSIVE FUND III UBTI - 1256 GAIN | | 8 | 3,863 | |
| | | | | | |
| | | | | | |
| 2 | Add the amounts on line 1 in columns (b) and (c) | 0) | 8 | 3,863 | |
| 3 | Net gain or (loss). Combine line 2, columns (b) and (c) | | | 3 | 83,863 |
| 4 | Form 1099-B adjustments. See instructions and attach statement | | | 4 | |
| 5 | Combine lines 3 and 4 | | | 5 | 83,863 |
| | Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partne see instructions. | erships and S co | rporations, | | |
| 6 | If you have a net section 1256 contracts loss and checked box D above, e | | | | |
| | be carried back. Enter the loss as a positive number. If you didn't check box | x D, enter -0- | | 6 | 0 |
| 7 | Combine lines 5 and 6 | | | 7 | 83,863 |
| 8 | Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter her | ere and include o | n line 4 of | | |
| | Schedule D or on Form 8949. See instructions | | | 8 | 33,545 |
| 9 | Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here | | | | |
| | Schedule D or on Form 8949. See instructions | | | 9 | 50,318 |
| Dor | Coinc and Lagona From Straddlag. Attach a constate statement | listing a sele study | المام ممط ألجم | | |

Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. art II Section A-Losses From Straddles

| | (a) Description of property | (b) Date entered into or acquired | (c) Date closed out or sold | (d) Gross sales pric | e othe plus e | Cost or er basis expense sale | (f) Loss. If column (e) more than (d enter differen Otherwise enter -0 | d), ice. offsett | on ing | (h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0 |
|-------|--|---|-----------------------------------|---|-----------------------------------|--|---|---|-----------|--|
| 10 | | | | | | | | | | |
| | | | | | | | | | | |
| 11a | Enter the short-term portion o D or on Form 8949. See instru | | m line 10, | column (h), | here and | include | on line 4 of | Schedule | 11a | () |
| b | Enter the long-term portion of | | | | | | | | | |
| | D or on Form 8949. See instru | ctions | | | | | | | 11b | () |
| Secti | ion B—Gains From Straddle | es | | | | | | | | 1 |
| | (a) Description of prop | erty | | (b) Date entered into or acquired | (c) Date closed out or sold | |) Gross es price | (e) Cost of other bas plus exper of sale | is | (f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0 |
| 12 | | | | | | | | | | |
| 13a | Enter the short-term portion o or on Form 8949. See instruct | • | n line 12, c | l olumn (f), h | ere and ir | iclude or | n line 4 of S | chedule D | 13a | |
| b | Enter the long-term portion of D or on Form 8949. See instru | gains from | n line 12, c | olumn (f), h | iere and ii | nclude c | on line 11 of | Schedule | 13b | |
| Part | D or on Form 8949. See instru Unrecognized Gains | From Pos | itions He | ld on Las | t Day of | Tax Ye | ar. Memo e | entry only (s | ee ins | structions) |
| | (a) Description of | | | | (b) Date acquired | (c) Fa valu busi | air market le on last ness day tax year | (d) Cost of other bas as adjuste | or is | (e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0 |
| 14 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

For Paperwork Reduction Act Notice, see instructions.

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Charles Koch Foundation Form 990-T, Schedule D - Capital Loss Carryforward Tax Year: 12/31/2022

Capital Loss Deduction

Schedule A Sequence 8 of 19 NewSpring Holdings Parallel LLC

| | Capital Loss | Loss | |
|--|--------------|-----------------|----------------|
| Loss Year Ending | Generated | Previously used | Loss Available |
| 12/31/2021 | (810,295) | - | (810,295) |
| 12/31/2022 | - | - | - |
| Capital Loss Available | | | (810,295) |
| Capital Loss Deduction (Limited to Capital Gains) - 12/31/2022 | | | 69,569 |
| Capital Loss Carryforward to 12/31/2023 | | | (740,726) |
| | | | |

Schedule A Sequence 15 of 19 QPI

| | Capital Loss | Loss | |
|------------------|--------------|-----------------|----------------|
| Loss Year Ending | Generated | Previously used | Loss Available |
| 12/31/2020 | (2,433,608) | 584,723 | (1,848,885) |
| 12/31/2021 | - | - | - |
| 12/31/2022 | - | - | - |

(1,848,885)

(1,213,158)

635,727

Capital Loss Available

Capital Loss Deduction (Limited to Capital Gains) - 12/31/2022 Capital Loss Carryforward to 12/31/2023

Charles Koch Foundation Form 990-T, Line 31 - Net Operating Loss Deduction Tax Year: 12/31/2022

NET OPERATING LOSS DEDUCTION

Schedule A Sequence 1 of 19 Fund 1

| | Loss | |
|--|---|--|
| NOL Generated | Previously used | Loss Available |
| (1,219,675) | - | (1,219,675) |
| (953,549) | - | (953,549) |
| - | - | - |
| Net Operating Loss Available | | |
| Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2022 | | |
| Net Operating Loss Carryforward to 12/31/2023 | | |
| | (1,219,675) (953,549) - lable uction (Limited to 80% of T | NOL Generated Previously used (1,219,675) - (953,549) - - - lable uction (Limited to 80% of Taxable Income) - 12/31/2022 |

Schedule A Sequence 2 of 19 Fund 2

| | | Loss | |
|--|------------------------|-----------------|----------------|
| Loss Year Ending | NOL Generated | Previously used | Loss Available |
| 12/31/2020 | (180,576) | 123,183 | (57,393) |
| 12/31/2021 | - | - | - |
| 12/31/2022 | - | - | - |
| Net Operating Loss Avail | (57,393) | | |
| Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2022 | | | 35,085 |
| Net Operating Loss Carry | /forward to 12/31/2023 | | (22,308) |

Schedule A Sequence 3 of 19 Fund 3

| | | Loss | |
|------------------------|---------------|-----------------|----------------|
| Loss Year Ending | NOL Generated | Previously used | Loss Available |
| 12/31/2020 | - | - | - |
| 12/31/2021 | - | - | - |
| 12/31/2022 | - | - | - |
| Net Operating Loss Ava | ilable | | - |

Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2022 -Net Operating Loss Carryforward to 12/31/2023 -

Schedule A Sequence 4 of 19 Fund 4

| | | Loss | |
|------------------|---------------|-----------------|----------------|
| Loss Year Ending | NOL Generated | Previously used | Loss Available |
| 12/31/2020 | - | - | - |
| 12/31/2021 | - | - | - |
| 12/31/2022 | - | - | - |

| Net Operating Loss Available | - |
|--|---|
| Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2022 | - |
| Net Operating Loss Carryforward to 12/31/2023 | - |

Schedule A Sequence 5 of 19 Fund 5

| | | Loss | |
|--|---------------|-----------------|----------------|
| Loss Year Ending | NOL Generated | Previously used | Loss Available |
| 12/31/2020 | (12,035) | - | (12,035) |
| 12/31/2021 | (117,503) | - | (117,503) |
| 12/31/2022 | (110,435) | - | (110,435) |
| Net Operating Loss Available Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2022 | | | (239,973) |
| Net Operating Loss Carryforward to 12/31/2023 | | | (239,973) |

Schedule A Sequence 6 of 19 Fund 6

| | Loss | | |
|------------------------|------------------------------|-----------------------------|----------------|
| Loss Year Ending | NOL Generated | Previously used | Loss Available |
| 12/31/2020 | - | - | - |
| 12/31/2021 | - | - | - |
| 12/31/2022 | - | - | - |
| Net Operating Loss Ava | ilable | | - |
| Net Operating Loss Ded | luction (Limited to 80% of 7 | Гахаble Income) - 12/31/202 | - 22 |

Net Operating Loss Carryforward to 12/31/2023

Schedule A Sequence 7 of 19 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) |
| 12/31/2022 | - | - | - |
| Net Operating Loss Avai | lable | | (104,234) |
| Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2022 | | | - |
| Net Operating Loss Carryforward to 12/31/2023 | | | (104,234) |

Schedule A Sequence 8 of 19 Fund 8

| | Loss | | | |
|---------------------------|---------------|-----------------|----------------|--|
| Loss Year Ending | NOL Generated | Previously used | Loss Available | |
| 12/31/2020 | - | - | - | |
| 12/31/2021 | - | - | - | |
| 12/31/2022 | - | - | - | |
| | | | | |
| Net One set is a lass Ave | lahla | | | |

 Net Operating Loss Available

 Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2022

 Net Operating Loss Carryforward to 12/31/2023

Schedule A Sequence 9 of 19

| Fund 9 | |
|--------|--|
|--------|--|

| | | Loss | |
|------------------------|---------------|-----------------|----------------|
| Loss Year Ending | NOL Generated | Previously used | Loss Available |
| 12/31/2020 | - | - | - |
| 12/31/2021 | - | - | - |
| 12/31/2022 | - | - | - |
| Net Operating Loss Ava | ilable | | - |

 Net Operating Loss Available

 Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2022

 Net Operating Loss Carryforward to 12/31/2023

Schedule A Sequence 10 of 19 Fund 10

| | | Loss | |
|-------------------------|-----------------------------|------------------------------|----------------|
| Loss Year Ending | NOL Generated | Previously used | Loss Available |
| 12/31/2020 | (74,194) | 74,194 | - |
| 12/31/2021 | - | - | - |
| 12/31/2022 | - | - | - |
| Net Operating Loss Avai | lable | | - |
| Net Operating Loss Ded | uction (Limited to 80% of 1 | Taxable Income) - 12/31/2022 | - |
| Net Operating Loss Carr | yforward to 12/31/2023 | | - |

Schedule A Sequence 11 of 19 Fund 11

| | | Loss | |
|--------------------------|------------------------|------------------------------|----------------|
| Loss Year Ending | NOL Generated | Previously used | Loss Available |
| 12/31/2020 | (2,881) | - | (2,881) |
| 12/31/2021 | (30,342) | - | (30,342) |
| 12/31/2022 | (88,065) | - | (88,065) |
| Net Operating Loss Avail | | | (121,288) |
| | | Faxable Income) - 12/31/2022 | - |
| Net Operating Loss Carry | yforward to 12/31/2023 | | (121,288) |

Schedule A Sequence 12 of 19 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) |
| 12/31/2022 | (287,969) | - | (287,969) |
| Net Operating Loss Avail | | | (547,017) |
| | | axable Income) - 12/31/2022 | - |
| Net Operating Loss Carry | forward to 12/31/2023 | | (547,017) |

Schedule A Sequence 13 of 19 Fund 13

| Loop Veer Ending | NOL Constant | Loss | Less Available |
|------------------------|---------------|-----------------|----------------|
| Loss Year Ending | NOL Generated | Previously used | Loss Available |
| 12/31/2020 | - | - | - |
| 12/31/2021 | - | - | - |
| 12/31/2022 | - | - | - |
| Net Operating Loss Ava | ilable | | _ |

| Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2022 | - |
|--|---|
| Net Operating Loss Carryforward to 12/31/2023 | - |

Schedule A Sequence 14 of 19

| | | Loss | |
|------------------------|---------------|-----------------|----------------|
| Loss Year Ending | NOL Generated | Previously used | Loss Available |
| 12/31/2020 | - | - | - |
| 12/31/2021 | - | - | - |
| 12/31/2022 | - | - | - |
| Net Operating Loss Ava | ilable | | - |

 Net Operating Loss Available

 Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2022

 Net Operating Loss Carryforward to 12/31/2023

Schedule A Sequence 15 of 19 Fund 15

| | | Loss | |
|--|------------------------|------------------------------|----------------|
| 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 | - | - | - |
| 12/31/2022 | | | |
| Net Operating Loss Avai Net Operating Loss Dedu | | Faxable Income) - 12/31/2022 | |
| Net Operating Loss Carr | yforward to 12/31/2023 | | - |

Schedule A Sequence 16 of 19 Fund 16

| Loss Year Ending | NOL Generated | Loss Previously used | Loss Available |
|--|-------------------------|-------------------------|----------------|
| 12/31/2021 | - | - | - |
| 12/31/2022 | - | - | - |
| Net Operating Loss Avai | ilable | | - |
| Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2022 | | | - |
| Net Operating Loss Carr | ryforward to 12/31/2023 | | - |

Schedule A Sequence 17 of 19 Fund 17

| | | Loss | |
|--------------------------|-----------------------------|-----------------------------|----------------|
| Loss Year Ending | NOL Generated | Previously used | Loss Available |
| 12/31/2021 | - | - | - |
| 12/31/2022 | - | - | - |
| Net Operating Loss Avail | able | | - |
| Net Operating Loss Dedu | uction (Limited to 80% of T | axable Income) - 12/31/2022 | - |
| Net Operating Loss Carry | oforward to 12/31/2023 | | - |

Schedule A Sequence 18 of 19 Fund 18

| | Loss | | |
|------------------------|------------------------------|------------------------------|----------------|
| Loss Year Ending | NOL Generated | Previously used | Loss Available |
| 12/31/2022 | - | - | - |
| Net Operating Loss Ava | ilable | | - |
| Net Operating Loss Ded | luction (Limited to 80% of 1 | Faxable Income) - 12/31/2022 | |
| Net Operating Loss Car | ryforward to 12/31/2023 | | - |

Schedule A Sequence 19 of 19 Fund 19

| Loss Year Ending | NOL Generated | Previously used | Loss Available |
|--|---------------|-----------------|----------------|
| 12/31/2022 | (6,275,371) | - | (6,275,371) |
| Net Operating Loss Available Net Operating Loss Deduction (Limited to 80% of Taxable Income) - 12/31/2022 | | | (6,275,371) |
| Net Operating Loss Carryforward to 12/31/2023 | | | (6,275,371) |
| | | | |

Total NOL Carryforwards (9,477,582)