# **CHARLES KOCH FOUNDATION**

Return of Organization Exempt from Income Tax

December 31, 2023

Public Disclosure Copy



# Form **990-PF**

## **Return of Private Foundation**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For	calen	dar year 2023 or tax year beginning	, 2023	3, and e		, 20		
Nam	ne of fou	ndation			A Employe	r identification number	er	
CH	ARLES	KOCH FOUNDATION				48-0918408		
Num	ber and	street (or P.O. box number if mail is not delivered to street address)	Room	n/suite	B Telephon	ne number (see instruct	ions)	
420	1 WILS	SON BLVD.	SUIT	E 0800		(703) 214-7118	3	
City	or town,	, state or province, country, and ZIP or foreign postal code	,		C If exempt	tion application is pend	ing, check here .	
AR	LINGTO	ON, VA 22203					NO. TANDESCRIPTION AND CO.	
G	Check	all that apply:  Initial return Initial return	of a former public	charity	D 1. Foreign	n organizations, check	here	
		☐ Final return ☐ Amended i	return		2. Foreign	n organizations meeting	the 85% test,	
		☐ Address change ☐ Name char	nge		check	here and attach compl	itation	
Н	Check	type of organization: <a> Section 501(c)(3)</a> exempt privi	ate foundation		_	foundation status was		
	Section	on 4947(a)(1) nonexempt charitable trust 🗌 Other taxal			section 5	07(b)(1)(A), check here		
		narket value of all assets at J Accounting method	: 🗌 Cash 🗹 A	ccrual	F If the four	ndation is in a 60-mont	h termination	
		f year (from Part II, col. (c),			under sec	ction 507(b)(1)(B), chec	k here	
	line 16		st be on cash basis.)	)		·		
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable	
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books		come	income	purposes	
							(cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)	52,606					
	2	Check if the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments	1,287,640		1,287,640			
	4	Dividends and interest from securities			30,594,865			
	5a	Gross rents	286					
	b	Net rental income or (loss) 286						
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	0	4				
ē	_b	Gross sales price for all assets on line 6a		1	10.050.450			
ě	7	Capital gain net income (from Part IV, line 2)			12,359,456	0		
_	8	Net short-term capital gain	/			0		
	9	Income modifications						
	10a b	Less: Cost of goods sold 0						
	C	Gross profit or (loss) (attach schedule)	0					
	11	Other income (attach schedule)	(25,000)		(569,881)	0		
	12	Total. Add lines 1 through 11	1,315,532	14	43,672,080	0		
	13	Compensation of officers, directors, trustees, etc.	761,771		,,		761,771	
ě	14	Other employee salaries and wages	2,708,467				3,254,802	
benses	15	Pension plans, employee benefits	190,985				305,896	
	16a	Legal fees (attach schedule)	175		0	0	175	
ŭ	b	Accounting fees (attach schedule)	49,981		4,498	0	40,485	
Ě	С	Other professional fees (attach schedule)	229,856		0	0	229,856	
ra	17	Interest	14,550	,	16,507,561			
is	18	Taxes (attach schedule) (see instructions)	987,487		137,059	0	(2,318,415)	
Ē	19	Depreciation (attach schedule) and depletion	0		0	0		
þ	20	Occupancy						
Ð	21	Travel, conferences, and meetings	670,843			_	676,902	
a	22	Printing and publications	1,819		0 007 740	0	1,819	
ng	23	Other expenses (attach schedule)	53,156		2,027,743	0	40,760	
ati	24	<b>Total operating and administrative expenses.</b> Add lines 13 through 23	F 660 000		10 676 064	_	2 004 054	
Operating and Administrative	25	•	5,669,090 77,342,908		18,676,861	0	2,994,051 74,707,416	
ō	25 26	Contributions, gifts, grants paid	83,011,998		18,676,861	0	77,701,467	
_	27	Subtract line 26 from line 12:	05,011,880		10,070,001	0	77,701,407	
		Excess of revenue over expenses and disbursements	(81,696,466)					
	a b	Net investment income (if negative, enter -0-)	(01,000,400)	1	24,995,219			
				,	,555,210	0		
	С	Adjusted net income (if negative, enter -0-)				0		

	No. of Contract of	F (2023)	Denimalan of year	Foote	Page 2			
Par	T II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	7			
	•	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	48,245	48,193	48,193			
	2	Savings and temporary cash investments	46,326,740	53,691,262	53,691,262			
	3	Accounts receivable 4,409						
		Less: allowance for doubtful accounts	682,868	4,409	4,409			
	4	Pledges receivable						
	_	Less: allowance for doubtful accounts		0	(			
	5	Grants receivable	>					
	6	Receivables due from officers, directors, trustees, and other	820	70.00				
	-	disqualified persons (attach schedule) (see instructions)	0	0	(			
	7	Other notes and loans receivable (attach schedule) 0		_				
		Less: allowance for doubtful accounts 0	0	0	(			
Assets	8	Inventories for sale or use			0 004 000			
28	9	Prepaid expenses and deferred charges	6,169,443	2,821,289	2,821,289			
<b>4</b>   1	10a	Investments—U.S. and state government obligations (attach schedule)	0	0				
	b	Investments—corporate stock (attach schedule)	0	0	(			
	C	Investments—corporate bonds (attach schedule)	0	0	(			
1	11	Investments—land, buildings, and equipment: basis1,650,000						
		Less: accumulated depreciation (attach schedule) 0	1,840,000	1,650,000	1,650,000			
1	12	Investments—mortgage loans						
1	13	Investments—other (attach schedule)	738,655,923	690,008,190	690,008,190			
1	14	Land, buildings, and equipment: basis0						
		Less: accumulated depreciation (attach schedule)0	0	0	(			
1	15	Other assets (describe	0	0	(			
1	16	Total assets (to be completed by all filers-see the						
		instructions. Also, see page 1, item I)	793,723,219	748,223,343	748,223,343			
1	17	Accounts payable and accrued expenses	1,345,102	673,935				
ر ا	18	Grants payable	305,000	2,935,491				
	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0				
<u>ĕ</u>   <u>\$</u>	21	Mortgages and other notes payable (attach schedule)	0	0				
ءِ ا ⊏	22	Other liabilities (describe (SEE STATEMENT)	2,625,000	1,700,000				
2	23	Total liabilities (add lines 17 through 22)	4,275,102	5,309,426				
တ္သ		Foundations that follow FASB ASC 958, check here and						
ဋ		complete lines 24, 25, 29, and 30						
<u>ਛ</u> ∣ <u>ਭ</u>	24	Net assets without donor restrictions	789,448,117	742,913,917				
g z	25	Net assets with donor restrictions						
<u> </u>		Foundations that do not follow FASB ASC 958, check						
ੜ 		here and complete lines 26 through 30						
Net Assets or Fund Balances	26	Capital stock, trust principal, or current funds						
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund						
	28	Retained earnings, accumulated income, endowment, or other funds						
SSI	29	Total net assets or fund balances (see instructions)	789,448,117	742,913,917				
۽ اچ	30	Total liabilities and net assets/fund balances (see		,				
<b>8</b>		instructions)	793,723,219	748,223,343				
Part		Analysis of Changes in Net Assets or Fund Balances						
		Il net assets or fund balances at beginning of year—Part II, colu	mn (a), line 29 (must	agree with				
		of-year figure reported on prior year's return)			789,448,117			
		er amount from Part I, line 27a			(81,696,466			
2	Othe	er increases not included in line 2 (itemize) (SEE STATEMENT)		3	35,162,266			
2		increases not included in into 2 (itemize) (off official)						
3				4	742 913 917			
3 4	Add	lines 1, 2, and 3		5	742,913,917			

742,913,917 Form **990-PF** (2023)

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1 01111 33	0-11 (2023)						rage u
Part I	V Capital Gains and	d Losses for Tax on Invest	ment Income				
	(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 (mo., day, yr.)						(d) Date sold (mo., day, yr.)
1a	INVESTMENT CAPITAL GA	IN					
b							
C							
d							
е							
98	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		Gain or	r (loss) ninus (g))
а	112,359,456						112,359,456
b							
С							
d							
е							
	Complete only for assets sho	owing gain in column (h) and owne	d by the foundation	on 12/31/69.			) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) . (j), if any			ss than -0-) <b>or</b> n col. (h))
а				0			112,359,456
b							
C							
d							
е			<u> </u>				
2	Capital gain net income of	r (not conital loce)	n, also enter in Pa s), enter -0- in Pa		2		112,359,456
3	Net short-term capital gain	in or (loss) as defined in section	ns 1222(5) and (6)	):			
		t I, line 8, column (c). See inst		, enter -0- in )			
				J	3		0
Part		d on Investment Income (S		• • • •		ructi	ons)
1a		ons described in section 4940(d)(2					
	Date of ruling or determinat		h copy of letter if I			1	1,737,434
b	4% (0.04) of Part I, line 12	ations enter 1.39% (0.0139) of l 2, col. (b)			ions, enter		
2	Tax under section 511 (do	mestic section 4947(a)(1) trusts	and taxable found	dations only; othe	rs, enter -0-)	2	
3	Add lines 1 and 2					3	1,737,434
4		mestic section 4947(a)(1) trusts				4	
5		nt income. Subtract line 4 from	line 3. If zero or	less, enter -0		5	1,737,434
6	Credits/Payments:			1 - 1			
a		ents and 2022 overpayment cr		6a	2,353,904		
b		ions—tax withheld at source					
C		for extension of time to file (Fo			150,000		
d	Backup withholding error	•		<del></del>			0.500.004
7		•	 book boro			7	2,503,904
8		lerpayment of estimated tax. C es 5 and 8 is more than line 7,			Ţ	9	0
9 10		more than the total of lines 5 a				10	766,470
11		O to be: Credited to 2024 esti	•	•	+	11	700,470

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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	2	Yes	No
	participate or intervene in any political campaign?	1a		1
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		<b>✓</b>
	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.			
C	Did the foundation file Form 1120-POL for this year?	1c		<b>✓</b>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(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? If "Yes," attach a detailed description of the activities.	2		<b>√</b>
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		1
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<b>√</b>	•
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	· /	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	•	1
•	If "Yes," attach the statement required by <i>General Instruction T</i> .	Ť		•
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.			
	DC, KS, VA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	✓	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes,"			
40	complete Part XIII	9		✓
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			,
44	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	10		<b>✓</b>
11	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	<b>√</b>	
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		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		-
	Website address WWW.CHARLESKOCHFOUNDATION.ORG		•	
14		214-7	118	
		22203		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			

Par	t VI-B	Statements Regarding Activities for Which Form 4720 May Be Required	90	02 0	
	File Form	4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a		e year, did the foundation (either directly or indirectly):			
		e in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	✓	
		w money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	perso	1?	1a(2)		1
	(3) Furnis	h goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	✓	
		ompensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	✓	
		er any income or assets to a disqualified person (or make any of either available for the benefit or			
		a disqualified person)?	1a(5)		1
		to pay money or property to a government official? (Exception. Check "No" if the foundation			
		d to make a grant to or to employ the official for a period after termination of government service, if			
		ating within 90 days.)	1a(6)		✓
b		swer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	•	ns section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		✓
C	•	ions relying on a current notice regarding disaster assistance, check here			
d		oundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
		corrected before the first day of the tax year beginning in 2023?	1d		✓
2		failure to distribute income (section 4942) (does not apply for years the foundation was a private			
		foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а		d of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for			
		beginning before 2023? If "Yes," list the years	2a		<b>✓</b>
		, 20 , 20 , 20			
b		any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
		o incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to isted, answer "No" and attach statement—see instructions.)	-		
	-	•	2b		
С		risions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3a		bundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
-	during the		3a		1
b		did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or	-		•
D		ed persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
		ioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
		15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
		n had excess business holdings in 2023.)	3b		
4a	Did the f	oundation invest during the year any amount in a manner that would jeopardize its charitable			
	purposes		4a		✓
b	Did the fo	oundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			
	its charita	ble purpose that had not been removed from jeopardy before the first day of the tax year beginning			
	in 2023?	<u> </u>	4b		✓

	VI-B Statements Regarding Activities	s for W	/hich Form	4720 l	May Be R	equire	<b>d</b> (continued)			
5a	During the year, did the foundation pay or incur	any am	ount to:						Yes	No
	(1) Carry on propaganda, or otherwise attempt t							5a(1)		1
	(2) Influence the outcome of any specific pub	olic ele	ction (see se	ection 4	1955); or t	o carry	on, directly or			
	indirectly, any voter registration drive?							5a(2)		1
	(3) Provide a grant to an individual for travel, stu							5a(3)		✓
	(4) Provide a grant to an organization other than	n a cha	ritable, etc.,	organiz	ation desc	ribed in	section 4945(d)			
	(4)(A)? See instructions							5a(4)	✓	
	(5) Provide for any purpose other than religious, the prevention of cruelty to children or anima	, charita	able, scientifi	c, litera	ry, or educ	ational	purposes, or for			
								5a(5)		<b>✓</b>
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the in Regulations section 53.4945 or in a current no							-		,
_	Organizations relying on a current notice regardi							5b		<b>V</b>
d	If the answer is "Yes" to question 5a(4), does	_					tay because it			
u	maintained expenditure responsibility for the gra		ouridation Ci	aiiii ex	emption in	om me	tax because it	5d	_/	
	-			45 5(d)				Su	•	
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										
ou	benefit contract?	· iuiius,	· · · ·	·	,, to pay p			6a		<b>√</b>
h	Did the foundation, during the year, pay premium	ne dire	ctly or indire	ctly on	a nersonal	henefit	contract?	6b		·
	If "Yes" to 6b, file Form 8870.	no, une	otly of mano	otiy, Oii	a persona	Dericin	contract: .	OD		•
·								7a		<b>✓</b>
b										
8	- 1 11 6 1 11 11 11 11 11 11 11 11 11 11									
	excess parachute payment(s) during the year?									✓
Par	Information About Officers, Direct	tors, 1	rustees, F	oundat	tion Mana	agers,	Highly Paid Er	nploy	ees,	and
	Contractors									
1	List all officers, directors, trustees, and found	lation r	managers ar	d their	compens	ation. S	ee instructions			
	(a) Name and address	hou	e, and average rs per week ed to position	(If n	npensation ot paid, ter -0-)	emplo	Contributions to yee benefit plans erred compensation	(e) Exper		
BRIAN	HOOKS	DIREC	TOD 10				erreu compensation			
4201 V			TOR, 1.0		0		•			
	VILSON BLVD., SUITE 800, ARLINGTON, VA 22203				0		0			0
CHAR	VILSON BLVD., SUITE 800, ARLINGTON, VA 22203 LES CHASE KOCH		CHAIR, 1.0				0			0
		VICE (	CHAIR, 1.0		0		•			
4201 V CHAR	LES CHASE KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203 LES G KOCH		CHAIR, 1.0		0		0			0
4201 V CHAR	LES CHASE KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203	VICE (	CHAIR, 1.0				0			0
4201 V CHAR 4201 V	LES CHASE KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203 LES G KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203	VICE (	CHAIR, 1.0		0		0			0
4201 V CHAR 4201 V	LES CHASE KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203 LES G KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203 STATEMENT)	VICE	CHAIR, 1.0		0		0			0 0
4201 V CHAR 4201 V	LES CHASE KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203 LES G KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203	VICE	CHAIR, 1.0	se inclu	0		0	s). If no	one,	0 0
4201 V CHAR 4201 V (SEE S	LES CHASE KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203 LES G KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203  STATEMENT)  Compensation of five highest-paid employed	VICE	chair, 1.0		0		0 0 0 see instructions (d) Contributions to			0 0 0
4201 V CHAR 4201 V (SEE S	LES CHASE KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203 LES G KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203  STATEMENT)  Compensation of five highest-paid employed	CHAIR	CHAIR, 1.0	average veek	0	ne 1—:	0 0 0 see instructions (d) Contributions to	s). If no (e) Exper	nse acc	0 0 0 enter
4201 V CHAR 4201 V (SEE S	LES CHASE KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203 LES G KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203 STATEMENT) Compensation of five highest-paid employed "NONE."	CHAIR	cHAIR, 1.0  er than those  (b) Title, and a hours per videvoted to p	average veek osition	0 0 uded on li (c) Comper	ne 1—:	0 0 0 0 see instructions (d) Contributions to employee benefit plans and deferred compensation	(e) Expe	nse acc	0 0 0 enter
4201 V CHAR 4201 V (SEE S 2	LES CHASE KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203 LES G KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203  STATEMENT)  Compensation of five highest-paid employed "NONE."  (a) Name and address of each employee paid more than \$50,00	CHAIR	chair, 1.0  er than those (b) Title, and a hours per videvoted to p	average veek osition	0 0 uded on li (c) Comper	ne 1—:	0 0 0 see instructions (d) Contributions to employee benefit plans and deferred	(e) Expe	nse acc	0 0 0 enter
4201 V CHAR 4201 V (SEE S 2 BRET 4201 V	LES CHASE KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203 LES G KOCH VILSON BLVD., SUITE 800, ARLINGTON, VA 22203 STATEMENT) Compensation of five highest-paid employer "NONE."  (a) Name and address of each employee paid more than \$50,000 THINKEY	CHAIR	chair, 1.0  er than those (b) Title, and a hours per videvoted to p  DIR PARTNER 50.0  SR PROGI	average veek osition RSHIPS,	0 0 aded on li (c) Comper	ne 1—:	0 0 0 0 0 (d) Contributions to employee benefit plans and deferred compensation 44,409	(e) Expe	nse acc	0 0 0 enter
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Form 990-PF (2023) Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 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 RESEARCH SERVICES COMMON GROUP LLC 100,000 1853 WEBSTER ST, SAN FRANCISCO, CA 94115 CONFERENCE **GSV SUMMIT LLC** 75,750 875 N MICHIGAN AVENUE, SUITE 3520, CHICAGO, IL 60611 CONFERENCE SPONSORSHIP JOBS FOR THE FUTURE 75,000 50 MILK STREET, 17TH FLOOR, BOSTON, MA 02110 WORKSHOP DOUG LYNCH 58,095 3031 W COULTER ST, PHILADELPHIA, PA 19129 SPEAKER THE FUTURE OF EDUCATION 51,000 8 ANTHONY ROAD, LEXINGTON, MA 01864 **Total** number of others receiving over \$50,000 for professional services 0 Part VIII-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc. NONE Summary of Program-Related Investments (see instructions) Part VIII-B Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount NONE NONE

F	orm	990	)-P	F	(2023)

0

0

NONE

Total. Add lines 1 through 3

All other program-related investments. See instructions.

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see Part IX instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1a **b** Average of monthly cash balances . . . . . . . . . . . . . . . . . 1b 28,935,006 Fair market value of all other assets (see instructions) . . . . . . . . . . . . 1c 740,495,923 1d 769,430,929 Reduction claimed for blockage or other factors reported on lines 1a and 2 2 3 769,430,929 3 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see 4 11,541,464 5 5 757.889.465 Net value of noncharitable-use assets. Subtract line 4 from line 3 6 Minimum investment return. Enter 5% (0.05) of line 5... 6 37,894,473 Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here 

and do not complete this part.) 37,894,473 Tax on investment income for 2023 from Part V. line 5 . . . . . . . . . . . 1,737,434 Income tax for 2023. (This does not include the tax from Part V.) . . . | 2b | 2c 1,737,434 3 Distributable amount before adjustments. Subtract line 2c from line 1 . . . . . . . . . . . . 3 36,157,039 4 4 5 5 36,157,039 6 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 36,157,039 Part XI Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . . . . . . . . . 1a 77,701,467 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., Amounts set aside for specific charitable projects that satisfy the: 3 За 3b 0 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4. 77.701.467

Part	00-PF (2023)	ana)			Page 9
Part	VIII Undistributed Income (see instruction	7509	(6)	(-)	(a)\
		(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1	Distributable amount for 2023 from Part X, line 7				36,157,039
2	Undistributed income, if any, as of the end of 2023:				
а	Enter amount for 2022 only				
b	Total for prior years: 20 19 , 20 20 , 20 21				
3	Excess distributions carryover, if any, to 2023:				
a	From 2018 91,068,230				
b	From 2019 112,313,380				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through e	377,978,061			
4	Qualifying distributions for 2023 from Part XI, line 4: \$ 77,701,467				
а	Applied to 2022, 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 2023 distributable amount				36,157,039
е	Remaining amount distributed out of corpus	41,544,428			
5	Excess distributions carryover applied to 2023				
	(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	419,522,489			
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		
е	Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f	Undistributed income for 2023. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2024				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 2018 not				
•	applied on line 5 or line 7 (see instructions).	91,068,230			
9	Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	328,454,259			
10	Analysis of line 9:				
а	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023 41,544,428				Form 000-DE (0000)

Part	XIII Private Operating Founda	tions (see instru	ctions and Part	VI-A, question 9)		
1a	If the foundation has received a ruling foundation, and the ruling is effective fo	or determination	letter that it is a			
b	Check box to indicate whether the four	ndation is a private	operating foundat	tion described in se	ection 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for	Tax year (a) 2023	<b>(b)</b> 2022	Prior 3 years (c) 2021	(d) 2020	(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					
C	"Support" alternative test-enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
Dont	(4) Gross investment income	(Ooloto th	:	bo formalation b	- d &E 000	:
Part	Supplementary Information any time during the year-		-	ne roundation n	ad \$5,000 or m	ore in assets at
1	Information Regarding Foundation		15.)			
a	List any managers of the foundation of before the close of any tax year (but of	who have contribu				by the foundation
	LES G KOCH, DIRECTOR AND CHMN					
	List any managers of the foundation ownership of a partnership or other en			•		rge portion of the
NONE						
2	Information Regarding Contribution Check here ☐ if the foundation or unsolicited requests for funds. If the f complete items 2a, b, c, and d. See ir	nly makes contrib oundation makes	outions to presele	ected charitable o	-	
<b>a</b> CHAR	The name, address, and telephone nu LES KOCH FOUNDATION, 4201 WILSON	umber or email add BLVD., SUITE 800, /	dress of the person ARLINGTON, VA 22	n to whom applica 203, 571-290-6811	tions should be a	ddressed:
	The form in which applications should TATEMENT	d be submitted and	d information and	materials they sho	uld include:	
C NONE	Any submission deadlines:					
	Any restrictions or limitations on av	vards, such as by	y geographical ar	reas, charitable fie	elds, kinds of ins	titutions, or other

Form **990-PF** (2023)

SEE STATEMENT

Part XIV Supplementary Information (cont	inued)			
3 Grants and Contributions Paid During t	he Year or Approv	ed for Fut	ture Payment	20
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
Name and address (home or business)  a Paid during the year (SEE STATEMENT)	any foundation manager or substantial contributor	recipient	contribution	
Total			20	74 707 416
Total	<del></del>		<u> 3</u> a	74,707,416
b Approved for future payment (SEE STATEMENT)				
Total		<u>I</u>	34	2 035 401

Part XV-A Analysis of Income-Producing Ade Enter gross amounts unless otherwise indicated.			isiness income	Excluded by secti	on 512, 513, or 514	(e)	
1	Prog	ram service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See instructions.)
	а						
	b						
	d _						
	е						
	f _	<u>_</u>					
	-	ees and contracts from government agencies					
2		bership dues and assessments					
3		est on savings and temporary cash investments			14	1,287,640	
4		lends and interest from securities					
5		rental income or (loss) from real estate:					
		Debt-financed property					
_		lot debt-financed property			16	286	
_		rental income or (loss) from personal property					
7		er investment income					
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory				(05.000)	
11	_	r revenue: a MISCELLANEOUS INCOME			1	(25,000)	
	<b>b</b> _						
	_						
	<b>d</b> _						
40	e 	and Add and and and and and and		0		4 000 000	
		otal. Add columns (b), (d), and (e)				1,262,926	1,262,926
		II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation				10	1,202,320
(See	work	sheet in line 13 instructions to verify calculation	s.)				1,202,020
(See Pa		sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which income	s.) accomplishm ne is reported in a	ent of Exemp	t Purposes XV-A contributed	d importantly to th	
(See Pa	work	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) accomplishm ne is reported in a	ent of Exemp	t Purposes XV-A contributed	d importantly to th	
(See Pa	work	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which income	s.) accomplishm ne is reported in a	ent of Exemp	t Purposes XV-A contributed	d importantly to th	
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# Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1	in se		directly or indirectly of their than section											res	NO
а	_		porting foundation to	a nonch	naritable	exempt org	anization	of:							
						-							1a(1)		<b>✓</b>
		ther assets .											1a(2)		1
b		r transactions:													
			a noncharitable exe	empt ora	anizatior	n							1b(1)		1
			ets from a noncharita										1b(2)		1
			, equipment, or othe										1b(3)	_	<b>✓</b>
			rrangements										1b(4)		· /
		oans or loan gua											1b(5)	_	1
		-	ervices or membersh										1b(6)		1
_			quipment, mailing lis		-								1c		1
		-					-							foir m	
d			of the above is "Yes												
			on or sharing arrang												
/-> ! !		(b) Amount involved	(c) Name of nonch						-			_			
(a) Line	no.	(b) Amount involved	(c) Name of noncr	naritable ex	empt orga	inization	(a) Desc	ription	of transfe	ers, trans	saction	s, and s	haring arr	angem	ents
	desc	ribed in section 5 es," complete the	ectly or indirectly a 501(c) (other than se e following schedule	ction 501	I(c)(3)) o	r in section s							<b>✓ Y</b>	es	No
/E) / C	1441	(a) Name of organ	nization	E04/0V/		of organization		001	110115	• •		ot relat	tionship		
KEY C				501(C)(4					IMON D						
		MUSICK INC		501(C)(4					IMON D						
BELIE\	/E IN	PEOPLE INC		501(C)(4	)			CON	IMON D	RECTO	JRS				
								1							
			declare that I have examine laration of preparer (other that								est of i	ny know	ledge and	belief, it	t is true,
Sign	00	or, and complete book	anation of proparor (outor an	an tarpayon			oo p. o.	poil 01 11	ao any mio	mougo			RS disci		
<del>l</del> ere							SURER				I	See inst	preparer : tructions.	snown t ✓ Yes	Delow?
	Sign	ature of officer or true			Date	Title								,,00	
Paid		Print/Type preparer	r's name	, '	r's signatu			Da	te		Check	if	PTIN		
repa	arer	LAUREN DENTO	N	Lai	auren Denton 11/15/			/15/24	4		nployed	P0	157186	30	
Jse (			ORVIS MAZARS, LLP							Firm's	EIN		44-0160	260	
	y	Firm's address 1	551 N WATERFRO	NT PKW	Y STE	300, WICH	ITA, KS	6720	6-6601	Phone	no.	(	316) 265		
			Firm's address 1551 N VAIENTONT FRVV1 51E 500,										F 00	O DE	(0000)

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

# **Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans**

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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	orations required to file an income tax return other t request an extension of time to file income tax retur		(including 1120-C filers), partnership	s, REMICs, a	and tru	sts must use Form
Part I	- Identification	-				
Type o	r Name of exempt organization, employer, or of CHARLES KOCH FOUNDATION	Name of exempt organization, employer, or other filer, see instructions.  CHARLES KOCH FOUNDATION  Taxpayer				
	Number, street, and room or suite no. If a P.O. box, see instructions.  4201 WILSON BLVD., SUITE 800					
return. Se instruction						
Enter t	he Return Code for the return that this applica	tion is for (file a	separate application for each ref	turn)		0 4
Appli	cation Is For	Return Code	Application Is For			Return Code
Form	990 or Form 990-EZ	01	Form 4720 (other than individua	al)		09
Form	4720 (individual)	03	Form 5227			10
Form	990-PF	04	Form 6069			11
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form	990-T (trust other than above)	06	Form 5330 (individual)			13
	990-T (corporation)	07	Form 5330 (other than individua	al)		14
Form	1041-A	08				
	of file Form 5330. Is application is for an extension of time to file I Plan Name Plan Number Plan Year Ending (MM/DD/YYYY)		_	ation		
Part I	I — Automatic Extension of Time To Fi	le for Exempt	Organizations (see instruction	ons)		
	pooks are in the care of ► HENRICH HEUER, 42		,	,		
Telep	ohone No. ► (571) 290-6811	Fax	No.▶			
	organization does not have an office or place					▶□
• If this	s is for a Group Return, enter the organization's	s four digit Grou	p Exemption Number (GEN)			. If this is
for the	whole group, check this box ▶ □	. If it is for part	of the group, check this box .	🕨	· 🔲 8	and attach
a list w	ith the names and TINs of all members the ext	tension is for.				
1	I request an automatic 6-month extension of the organization named above. The extension  ▶ ✓ calendar year 2023 or  ▶ ☐ tax year beginning	is for the orgar	ization's return for:			
2	If the tax year entered in line 1 is for less than  ☐ Change in accounting period	12 months, che	eck reason:   Initial return	Final retur	n	
3a	If this application is for Forms 990-PF, 990 nonrefundable credits. See instructions.	O-T, 4720, or 6	069, enter the tentative tax, le		Ba \$	1,003,904
b	If this application is for Forms 990-PF, 990 estimated tax payments made. Include any pr			I	3b \$	853,904
С	Balance due. Subtract line 3b from line 3a. using EFTPS (Electronic Federal Tax Payment		•		3c \$	150,000
Caution	. If you are going to make an electronic funds with	drawal (direct deb	it) with this Form 8868, see Form 84	53-TE and E	orm 89	270-TE for payment

Form 8868 (Rev. 1-2024)

Part	III — Extension of Time To File Form 5330 (see instructions)								
1	I request an extension of time until, 20, to file Form 5330.								
	You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.								
а	Enter the Code section(s) imposing the tax.								
b	Enter the payment amount attached.	1b	\$						
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c							
2	State in detail why you need the extension.								
	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and co are this application.	mplete,	, and that I am authorized						
Signat	ture Date								

Form **8868** (Rev. 1-2024)

#### Schedule B (Form 990)

**Schedule of Contributors** Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number CHARLES KOCH FOUNDATION** 48-0918408

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	☐ 501(c)( ) (enter number) organization						
		☐ 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		☐ 527 political organization						
Form 99	0-PF	√ 501(c)(3) exempt private foundation						
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation						
		☐ 501(c)(3) taxable private foundation						
Note: O	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> 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								
<b>✓</b>	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions.						
Special	Rules							
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% 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 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 receduring 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., contributional \$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.

Cat. No. 30613X

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number CHARLES KOCH FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_1_	CHARLES G. KOCH 1997 TRUST  4201 WILSON BLVD., SUITE 800  ARLINGTON, VA 22203	\$\$	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 Moncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

48-0918408

Name of organization

CHARLES KOCH FOUNDATION

Employer identification number 48-0918408

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

Schedule B (Form 990) (2023)
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Name of organization
CHARLES KOCH FOUNDATION

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	ons completing Part III, ent year. (Enter this information	ntributor. Complete columns (a) through (e) and er the total of exclusively religious, charitable, etc., on once. See instructions.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	1	(e) Transfer of gif	t				
	Transferee's name, address, and	ZIP + 4	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				
		(e) Transfer of gif	t				
	Transferee's name, address, and	Transferee's name, address, and ZIP + 4 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				
	1	(e) Transfer of gif	t				
	Transferee's name, address, and	ZIP + 4	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				
	1	(e) Transfer of gif	t				
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				

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Supplemental Inform	ианон

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.)

Part I, Line 11 Other income

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income
(1) OTHER INCOME - MISCELLANEOUS	(25,000)	0	0
(2) INVESTMENTS - OTHER INCOME	0	20,409	0
(3) INVESTMENTS - RENTAL INCOME/LOSS		(590,290)	
TOTAL	(25,000)	(569,881)	0

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable
(1) LEGAL FEES	175	0	0	175
TOTAL	175	0	0	175

Legal fees

Part I, Line 16a

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) ACCOUNTING FEES - FORM 990- PF	44,983	4,498	0	40,485
(2) ACCOUNTING FEES - FORM 990-T	4,998	0	0	0
TOTAL	49,981	4,498	0	40,485

**Accounting fees** 

Part I, Line 16b

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) PROFESSIONAL CONSULTING FEES	227,356	0	0	227,356
(2) PROGRAM SPEAKERS	2,500	0	0	2,500
TOTAL	229,856	0	0	229,856

Other professional fees

Part I, Line 16c

Part I, Line 18	Taxes			
Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) INVESTMENT EXCISE TAXES	780,902	0	0	(2,525,000)

(2) PAYROLL TAXES	206,585	0	0	206,585
(3) INVESTMENT FOREIGN TAXES	0	137,059	0	0
TOTAL	987,487	137,059	0	(2,318,415)

Part I, Line 23	Other expenses	
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Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) SUPPLIES	12,353	0	0	12,353
(2) DUES/LICENSES	26,598	0	0	26,598
(3) POSTAGE & DELIVERY	654	0	0	654
(4) TELECOMMUNICATION	211	0	0	211
(5) ADVERTISING & PROMOTION	(3,995)	0	0	(7,282)
(6) BANK FEES	14,827	14,827	0	0
(7) GIFTS	2,508	0	0	2,508
(8) INVESTMENTS - CHARITABLE	0	0	0	5,718
(9) INVESTMENT EXPENSES	0	2,012,916	0	0
TOTAL	53,156	2,027,743	0	40,760

# 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	1,840,000	1,650,000	0	1,650,000	1,650,000
TOTAL	1,840,000	1,650,000	0	1,650,000	1,650,000

# Part II, Line 13 (Column a, Column b & Column c)

#### Investments—Other (continued)

Description	Туре	BOY Amount	EOY Amount	Fair Market Value
PASSIVE FUND III	END OF YEAR MARKET VALUE	738,655,923	689,008,190	689,008,190
PASSIVE FUND X	END OF YEAR MARKET VALUE	0	500,000	500,000
PROMISSORY NOTE I	END OF YEAR MARKET VALUE	0	500,000	500,000
TOTAL		738,655,923	690,008,190	690,008,190

### Part II, Line 22 (Column a, Column b)

#### Other Liabilities (continued)

Description	BOY Amount	EOY Amount
INCOME TAX PAYABLE	2,525,000	1,700,000
SHORT TERM LINE OF CREDIT	100,000	0
TOTAL	2,625,000	1,700,000

Part III, Line 3	Other Increases	
	<del></del>	

Description	Amount
(1) UNREALIZED GAINS/LOSSES	35,162,266
TOTAL	35,162,266

# 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 III	P.O. BOX 5004, WICHITA, KS 67201	85- 1484620	FROM	85,000,000	EDOM DOMESTIC	NO
PASSIVE FUND X	1677 S. HIGHWAY 198, PAYSON, UT 84651	83- 2555283	то	500,000	CAPITAL CONTRIBUTIONS TO DOMESTIC PASSIVE INVESTMENT	NO

Identifier	Description
Grantee Name	PUBLIC HEALTH DATA LABORATORY INSTITUTE
Grantee Address	55 SE 2ND AVE, STE 1R, DELRAY BEACH, FL 33444
Grant Date	03/22/24
Grant Amount	500,000
Grant Purpose	GENERAL OPERATING SUPPORT
Amount Expended	500,000
Any Diversion By Grantee?	NO
Dates of Reports	3/22/2024 - 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	UNIVERSITY OF THE CITY OF LONDON
Grantee Address	NORTHAMPTON SQUARE, LONDON, EC1V 0HB, UK
Grant Date	01/18/24
Grant Amount	49,043
Grant Purpose	GENERAL OPERATING SUPPORT
Amount Expended	0
Any Diversion By Grantee?	NO
Dates of Reports	1/18/2024 - 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 HEALTH DATA LABORATORY INSTITUTE
Grantee Address	55 SE 2ND AVE, STE 1R, DELRAY BEACH, FL 33444
Grant Date	11/08/23
Grant Amount	500,000
Grant Purpose	GENERAL OPERATING SUPPORT
Amount Expended	500,000
Any Diversion By Grantee?	NO
Dates of Reports	11/8/2023 - 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	UNIVERSITY OF BIRMINGHAM		
Grantee Address	EDGBASTON, BIRMINGHAM, B15 2TT, UK		
Grant Date	11/13/23		
Grant Amount	38,000		
Grant Purpose	TRAVEL AND RESEARCH SUPPORT		
Amount Expended	38,000		
Any Diversion By Grantee?	NO		
Dates of Reports	11/13/2023 - 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	UNIVERSITY OF OXFORD		
Grantee Address	23-38 HYTHE BRIDGE ST, OXFORD, OX1 2ET, UK		

Identifier	Description		
Grant Date	01/23/23		
<b>Grant Amount</b>	10,977		
Grant Purpose	GENERAL OPERATING SUPPORT		
Amount Expended	10,977		
Any Diversion By Grantee?	NO		
Dates of Reports	1/23/2023 - 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	3/22/2024 - 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 HONG KONG
Grantee Address	THE UNIVERSITY OF HONG KONG, POKFULAM, 999077, HK
Grant Date	07/12/23
Grant Amount	48,000
Grant Purpose	GENERAL OPERATING SUPPORT
Amount Expended	48,000
Any Diversion By Grantee?	NO
Dates of Reports	7/12/2023 - 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.

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
DAVID L ROBERTSON	4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203	DIRECTOR, 1.0	0	0	0
ELIZABETH 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
HENRICH HEUER	4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203	TREASURER INCOMING (10/2/23), 1.0	0	0	0
JONATHAN FRANKLIN	4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203	CHIEF OPERATING OFFICER, 50.0	341,779	41,272	0
KARA HARTNETT	4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203	TREASURER OUTGOING (9/29/23), 1.0	0	0	0
RYAN STOWERS	4201 WILSON BLVD., SUITE 800, ARLINGTON, VA 22203	EXECUTIVE DIRECTOR, 50.0	419,992	48,564	0

Name and Address	Relationship	Foundation status	Purpose	Amount
NORTH PARK UNIVERSITY 3225 W. FOSTER AVE. CHICAGO, IL 60625	NONE	PC	GENERAL OPERATING SUPPORT	26,250
INSTITUTE FOR HUMANE STUDIES 3434 WASHINGTON BLVD. MS 1C5 SUITE 301 ARLINGTON, VA 22201	NONE	PC	GENERAL OPERATING SUPPORT	11,900,000
EMORY UNIVERSITY 201 DOWMAN DR ATLANTA, GA 30322	NONE	PC	GENERAL OPERATING SUPPORT	58,000
MAKE IT MOVEMENT 828 W 6TH STREET AUSTIN, TX 78703	NONE	PC	GENERAL OPERATING SUPPORT	275,000
AZUSA PACIFIC UNIVERSITY 901 E ALOSTA AVE, PO BOX 7000 AZUSA, CA 91702-7000	NONE	PC	GENERAL OPERATING SUPPORT	22,000
JOHNS HOPKINS UNIVERSITY 347 GILMAN HALL BALTIMORE, MD 21218	NONE	PC	GENERAL OPERATING SUPPORT	1,089,000
LOUISIANA STATE UNIVERSITY FOUNDATION 3838 WEST LAKESHORE DRIVE BATON ROUGE, LA 70808	NONE	PC	GENERAL OPERATING SUPPORT	340,000
SOUTHWEST BAPTIST UNIVERSITY 1600 UNIVERSITY AVE BOLIVAR, MO 65613	NONE	PC	GENERAL OPERATING SUPPORT	16,470
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	NONE	PC	GENERAL OPERATING SUPPORT	184,647
PER SCHOLAS, INC. 804 EAST 138TH STREET BRONX, NY 10454	NONE	PC	GENERAL OPERATING SUPPORT	250,000
MALONE UNIVERSITY 2600 CLEVELAND AVE. NW CANTON, OH 44709	NONE	PC	GENERAL OPERATING SUPPORT	15,200
WEST TEXAS A&M UNIVERSITY 2501 4TH AVENUE CANYON, TX 79016	NONE	GOV	GENERAL OPERATING SUPPORT	5,000
UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL 103 SOUTH BUILDING CAMPUS BOX 9100 CHAPEL HILL, NC 27599	NONE	PC	GENERAL OPERATING SUPPORT	788,000
WASHINGTON COLLEGE 300 WASHINGTON AVE CHESTERTOWN, MD 21620	NONE	PC	GENERAL OPERATING SUPPORT	42,800
UNIVERSITY OF CHICAGO 1643 W. BERWYN CHICAGO, IL 60640	NONE	PC	GENERAL OPERATING SUPPORT	255,000
XAVIER UNIVERSITY 3800 VICTORY PKWY CINCINNATI, OH 45207	NONE	PC	GENERAL OPERATING SUPPORT	100,000
LEE UNIVERSITY 1120 N OCOEE ST CLEVELAND, TN 37320	NONE	PC	GENERAL OPERATING SUPPORT	33,000
UNIVERSITY OF MARYLAND - COLLEGE PARK 4113 VAN MUNCHING HALL COLLEGE PARK, MD 20742	NONE	GOV	GENERAL OPERATING SUPPORT	5,000
UNIVERSITY OF MARYLAND, COLLEGE PARK FOUNDATION 4603 CALVERT ROAD COLLEGE PARK, MD 20740	NONE	PC	GENERAL OPERATING SUPPORT	150,000
TEXAS A&M FOUNDATION 241 WISENBAKER ENGINEERING RESEARCH COLLEGE STATION, TX 77843- 3126	NONE	PC	GENERAL OPERATING SUPPORT	459,556
OHIO STATE UNIVERSITY	NONE	PC	GENERAL OPERATING SUPPORT	33,140

Name and Address	Relationship	Foundation status	Purpose	Amount
154 W 12TH AVE COLUMBUS, OH 43210				
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43221	NONE	PC	GENERAL OPERATING SUPPORT	300,000
UNIVERSITY OF CENTRAL ARKANSAS FOUNDATION UCA BOX 4986 CONWAY, AR 72035-4986	NONE	PC	GENERAL OPERATING SUPPORT	282,000
SOUTHERN METHODIST UNIVERSITY O'NEIL CENTER FOR GLOBAL MARKETS & PO BOX 750333 DALLAS, TX 75275	NONE	PC	GENERAL OPERATING SUPPORT	500,000
UNIVERSITY OF FLORIDA FOUNDATION PO BOX 14425 GAINESVILLE, FL 32604	NONE	PC	GENERAL OPERATING SUPPORT	779,000
GROVE CITY COLLEGE 100 CAMPUS DR GROVE CITY, PA 16127	NONE	PC	GENERAL OPERATING SUPPORT	49,500
HAMPDEN-SYDNEY COLLEGE 1 COLLEGE ROAD HAMPDEN SYDNEY, VA 23943	NONE	PC	GENERAL OPERATING SUPPORT	25,000
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	NONE	PC	GENERAL OPERATING SUPPORT	1,113,401
NORTHERN KENTUCKY UNIVERSITY FOUNDATION 100 NUNN DRIVE LAC SUITE 822 HIGHLAND HEIGHTS, KY 41099	NONE	PC	GENERAL OPERATING SUPPORT	36,560
STRADA COLLABORATIVE, INC. 10 WEST MARKET STREET INDIANAPOLIS, IN 46204	NONE	PC	GENERAL OPERATING SUPPORT	123,500
CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA, NY 14850	NONE	PC	GENERAL OPERATING SUPPORT	902,342
KENNESAW STATE UNIVERSITY FOUNDATION, INC. 3391 TOWN POINT DRIVE SUITE 4530/MAIL DROP 9101 KENNESAW, GA 30144	NONE	PC	GENERAL OPERATING SUPPORT	252,666
UNIVERSITY OF CALIFORNIA - SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093	NONE	PC	GENERAL OPERATING SUPPORT	60,000
LAKE FOREST COLLEGE 555 N SHERIDAN RD LAKE FOREST, IL 60045	NONE	PC	GENERAL OPERATING SUPPORT	30,315
CAIRN UNIVERSITY 200 MANOR AVENUE LANGHORNE, PA 19047	NONE	PC	GENERAL OPERATING SUPPORT	60,000
SAINT VINCENT COLLEGE 300 FRASER PURCHASE RD LATROBE, PA 15650	NONE	PC	GENERAL OPERATING SUPPORT	15,000
UNIVERSITY OF NEBRASKA - LINCOLN 518 S 118TH ST LINCOLN, NE 68154	NONE	PC	GENERAL OPERATING SUPPORT	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	398,000
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION 2215 S BROOK ST LOUISVILLE, KY 40208	NONE	PC	GENERAL OPERATING SUPPORT	15,000
MERCER UNIVERSITY 1501 MERCER UNIVERSITY DRIVE MACON, GA 31207	NONE	PC	GENERAL OPERATING SUPPORT	41,000
UNIVERSITY OF WISCONSIN FOUNDATION	NONE	PC	GENERAL OPERATING SUPPORT	266,000

Name and Address	Relationship	Foundation status	Purpose	Amount
1848 UNIVERSITY AVENUE MADISON, WI 53726-4090				
TUFTS UNIVERSITY TRUSTEES OF TUFT COLLEGE EATON HALL 3RD FLOOR MEDFORD, MA 02155	NONE	PC	GENERAL OPERATING SUPPORT	265,500
MCGILL UNIVERSITY 855 SHERBROOKE ST W MONTREAL, QC, H3A2T7 CA	NONE	PC	GENERAL OPERATING SUPPORT	15,000
BALL STATE UNIVERSITY FOUNDATION 2800 W BETHEL AVE MUNCIE, IN 47304	NONE	PC	GENERAL OPERATING SUPPORT	240,000
STEPHEN F. AUSTIN STATE UNIVERSITY PO BOX 13004 SFA STA NACOGDOCHES, TX 75962-3004	NONE	GOV	GENERAL OPERATING SUPPORT	15,000
LOYOLA UNIVERSITY - NEW ORLEANS 6363 ST CHARLES AVE NEW ORLEANS, LA 70118	NONE	PC	GENERAL OPERATING SUPPORT	24,500
COLUMBIA UNIVERSITY THE TRUSTEES OF COLUMBIA UNIVERSITY MAIL CODE 7720 NEW YORK, NY 10027	NONE	PC	GENERAL OPERATING SUPPORT	49,924
NEW YORK UNIVERSITY 19 W 4TH ST NEW YORK, NY 10012	NONE	PC	GENERAL OPERATING SUPPORT	2,983,987
MIAMI UNIVERSITY 804 S ELM ST APT #6 OXFORD, OH 45056	TY NONE PC GENERAL O		GENERAL OPERATING SUPPORT	158,000
DUQUESNE UNIVERSITY 600 FORBES AVE PITTSBURGH, PA 15282	NONE	PC	GENERAL OPERATING SUPPORT	77,627
NORTH CAROLINA STATE UNIVERSITY 2801 FOUNDERS DR 4102 NELSON HALL RALEIGH, NC 27695-7229	NONE	GOV	GENERAL OPERATING SUPPORT	17,000
RIVET SCHOOL 1015 MACDONALD AVE RICHMOND, CA 94801	NONE	PC	GENERAL OPERATING SUPPORT	250,000
LA SIERRA UNIVERSITY 4500 RIVERWALK PKWY RIVERSIDE, CA 92505	NONE	PC	GENERAL OPERATING SUPPORT	19,000
ROANOKE COLLEGE 221 COLLEGE LN SALEM, VA 24153	NONE	PC	GENERAL OPERATING SUPPORT	6,500
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVENUE SELINSGROVE, PA 17870	NONE	PC	GENERAL OPERATING SUPPORT	14,250
STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	NONE	PC	GENERAL OPERATING SUPPORT	894,558
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 877906 TEMPE, AZ 85287-7906	NONE	PC	GENERAL OPERATING SUPPORT	1,556,503
TROY UNIVERSITY FOUNDATION 1120 US HWY 231 TROY, AL 36082	NONE	PC	GENERAL OPERATING SUPPORT	110,000
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE VILLANOVA, PA 19085-1699	NONE	PC	GENERAL OPERATING SUPPORT	174,744
MERIT AMERICA 712 H STREET NE SUITE 1560 WASHINGTON, DC 20002-3627	NONE	PC	GENERAL OPERATING SUPPORT	1,000,000
U.S. CHAMBER OF COMMERCE FOUNDATION 1615 H ST NW WASHINGTON, DC 20062	NONE	PC	GENERAL OPERATING SUPPORT	544,000
UNIVERSITY OF NEW HAVEN 300 ORANGE AVE WEST HAVEN, CT 06516-1916	NONE	PC	GENERAL OPERATING SUPPORT	30,000

Name and Address	Relationship	Foundation status	Purpose	Amount
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST WYNNEWOOD, PA 19104	NONE	PC	GENERAL OPERATING SUPPORT	198,663
SHRM FOUNDATION INC 1800 DUKE STREET ALEXANDRIA, VA 22314	NONE	PC	GENERAL OPERATING SUPPORT	300,000
ANDERSON UNIVERSITY (SC) 316 BOULEVARD ANDERSON, SC 29621	NONE	PC	GENERAL OPERATING SUPPORT	8,100
THE GEORGE WASHINGTON UNIVERSITY C/O TAX DEPARTMENT 45155 RESEARCH P STE 260 ASHBURN, VA 20147	NONE	PC	GENERAL OPERATING SUPPORT	50,000
GEORGIA STATE UNIVERSITY FOUNDATION, INC PO BOX 2668 ATLANTA, GA 30301	NONE	PC	GENERAL OPERATING SUPPORT	3,000
GEORGIA TECH FOUNDATION 760 SPRING STREET N.W. SUITE 400 ATLANTA, GA 30308	NONE	PC	GENERAL OPERATING SUPPORT	370,000
UNIVERSITY OF TEXAS AT AUSTIN 2110 SPEEDWAY MAIL STOP B6006 GSB 5.175J AUSTIN, TX 78712	NONE	GOV	GENERAL OPERATING SUPPORT	855,000
SAMFORD UNIVERSITY 800 LAKESHORE DR BIRMINGHAM, AL 35229	NONE	PC	GENERAL OPERATING SUPPORT	50,000
VIRGINIA TECH FOUNDATION UNIVERSITY GATEWAY CENTER 902 PRICE BLACKSBURG, VA 24601	NONE	PC	GENERAL OPERATING SUPPORT	267,066
BOSTON UNIVERSITY 595 COMMONWEATLH AVENUE SUITE 700 WEST ENTRANCE BOSTON, MA 02215	NONE	PC	GENERAL OPERATING SUPPORT	5,000
COLLEGE101 75 ARLINGTON ST STE 500 BOSTON, MA 02116	NONE	PC	GENERAL OPERATING SUPPORT	250,000
JOBS FOR THE FUTURE 50 MILK STREET 17TH FLOOR BOSTON, MA 02110	NONE	PC	GENERAL OPERATING SUPPORT	600,000
BOWLING GREEN STATE UNIVERSITY FOUNDATION 136 N MERCER ROAD BOWLING GREEN, OH 43403	NONE	PC	GENERAL OPERATING SUPPORT	270,000
BRIDGEWATER STATE UNIVERSITY FOUNDATION 26 SUMMER ST BRIDGEWATER, MA 02325	NONE	PC	GENERAL OPERATING SUPPORT	11,850
HARVARD UNIVERSITY 95 DUNSTER STREET CAMBRIDGE, MA 02138	NONE	PC	GENERAL OPERATING SUPPORT	978,980
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	NONE	PC	GENERAL OPERATING SUPPORT	98,329
CEDARVILLE UNIVERSITY 251 N. MAIN ST CEDARVILLE, OH 45314	NONE	PC	GENERAL OPERATING SUPPORT	31,000
UNC SCHOOL OF GOVERNMENT FOUNDATION CAMPUS BOX 3330 KNAPP-SANDERS BUILDING CHAPEL HILL, NC 27599	NONE	PC	GENERAL OPERATING SUPPORT	500,000
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE STREET CHARLESTON, SC 29424	NONE	PC	GENERAL OPERATING SUPPORT	21,000
CENTER FOR OPEN SCIENCE 210 RIDGE MCINTIRE ROAD	NONE	PC	GENERAL OPERATING SUPPORT	171,500

Name and Address	Relationship	Foundation status	Purpose	Amount		
SUITE 500 CHARLOTTESVILLE, VA 22903						
ASSOCIATION OF PRIVATE ENTERPRISE EDUCATION TENNESSEE AT CHATTANOOGA 313 FLETC CHATTANOOGA, TN 37403-2598	NONE	PC	GENERAL OPERATING SUPPORT	30,000		
SKILLS FOR CHICAGOLAND'S FUTURE 191 N WACKER DR SUITE 1150 CHICAGO, IL 60606	NONE	PC	GENERAL OPERATING SUPPORT	500,000		
CLAREMONT GRADUATE UNIVERSITY 150 E 10TH ST CLAREMONT, CA 91711	NONE	PC	GENERAL OPERATING SUPPORT	659,518		
CLEMSON UNIVERSITY FOUNDATION 155 OLD GREENVILLE HWY SUITE 105 CLEMSON, SC 29631	NONE	PC	GENERAL OPERATING SUPPORT	1,152,867		
WESTERN CAROLINA UNIVERSITY FOUNDATION 300 HFR ADMINISTRATION BUILDING CULLOWHEE, NC 28723	NONE	PC	GENERAL OPERATING SUPPORT	45,000		
PUBLIC HEALTH DATA LABORATORY INSTITUTE 55 SE 2ND AVE STE 1R DELRAY BEACH, FL 33444	NONE	PC	GENERAL OPERATING SUPPORT	500,000		
METROPOLITAN STATE UNIVERSITY DENVER FOUNDATION 1512 LARIMER STREET SUITE 900 CAMPUS BOX 14 DENVER, CO 80217	NONE	NONE PC		PC GENERAL OPERATING		12,500
DUKE UNIVERSITY 81 BEVERLY DR, DURHAMS DURHAM, NC 27707	NONE	PC	GENERAL OPERATING SUPPORT	1,756,812		
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	NONE	PC	GENERAL OPERATING SUPPORT	79,435		
COLLEGE OF NEW JERSEY FOUNDATION 2000 PENNINGTON RD EWING, NJ 08628-0718	NONE	PC	GENERAL OPERATING SUPPORT	6,000		
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE MS 3C1 FAIRFAX, VA 22030	NONE	PC	GENERAL OPERATING SUPPORT	40,000		
GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE MS 2E1 FAIRFAX, VA 22030	N UNIVERSITY NONE PC TY DRIVE		GENERAL OPERATING SUPPORT	17,423,626		
CONCORDIA UNIVERSITY - CHICAGO 7400 AUGUSTA ST RIVER FOREST, IL 60305	NONE	PC	GENERAL OPERATING SUPPORT	20,000		
COMPETENCY-BASED EDUCATION NETWORK INC 1417 HANSON DRIVE FRANKLIN, TN 37067	NONE	PC	GENERAL OPERATING SUPPORT	1,000,000		
HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE, MI 49242	NONE	PC	GENERAL OPERATING SUPPORT	55,000		
HAWAII PACIFIC UNIVERSITY 500 ALA MOANA BLVD STE 6420 HONOLULU, HI 96813	NONE	PC	GENERAL OPERATING SUPPORT	13,305		
UNIVERSITY OF HAWAII 2444 DOLE STREET HONOLULU, HI 96822	NONE	GOV	GENERAL OPERATING SUPPORT	53,000		
INDIANA UNIVERSITY FOUNDATION 301 UNIVERSITY BOULEVARD SUITE 1031 INDIANAPOLIS, IN 46202	NONE	PC	GENERAL OPERATING SUPPORT	827,090		

Name and Address	Relationship	Foundation status	Purpose	Amount
TRUMAN STATE UNIVERSITY 100 E NORMAL ST KIRKSVILLE, MO 63501	NONE	GOV	GENERAL OPERATING SUPPORT	11,500
BIOLA UNIVERSITY 13800 BIOLA AVE LA MIRADA, CA 90639	NONE	PC	GENERAL OPERATING SUPPORT	34,000
CLAOC (CEO LEADERSHIP ALLIANCE ORANGE COUNTY) 668 N COAST HWY #319 LAGUNA BEACH, CA 92651	NONE	PC	GENERAL OPERATING SUPPORT	400,000
CENTER FOR GROWTH AND OPPORTUNITY 3525 OLD MAIN HALL LOGAN, UT 84322	NONE	PC	GENERAL OPERATING SUPPORT	1,200,000
UTAH STATE UNIVERSITY FOUNDATION 3500 OLD MAIN HILL LOGAN, UT 84322	NONE	PC	GENERAL OPERATING SUPPORT	2,500,000
UNIVERSITY OF LOUISVILLE 2301 SO. THIRD STREET LOUISVILLE, KY 40292-0001	NONE	GOV	GENERAL OPERATING SUPPORT	48,250
TEXAS TECH FOUNDATION OFFICE OF CORPORATIONS & FOUNDATION P.O. BOX 45025 LUBBOCK, TX 79409-5025	NONE	PC	GENERAL OPERATING SUPPORT	158,000
KANSAS STATE UNIVERSITY FOUNDATION 2323 ANDERSON AVE SUITE 500 MANHATTAN, KS 66502	NONE	PC	GENERAL OPERATING SUPPORT	565,000
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	NONE	PC	GENERAL OPERATING SUPPORT	60,000
WEST VIRGINIA UNIVERSITY FOUNDATION 1 WATERFRONT PLACE 7TH FLOOR MORGANTOWN, WV 26507	NONE	PC	GENERAL OPERATING SUPPORT	963,000
MIDDLE TENNESSEE STATE UNIVERSITY FOUNDATION WOOD-STEGALL CENTER BOX 109 MURFREESBORO, TN 37132	NONE	PC	GENERAL OPERATING SUPPORT	264,000
YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521	NONE	PC	GENERAL OPERATING SUPPORT	83,300
RESEARCH FOUNDATION OF THE CITY UNIVERSITY NEW YORK 230 W 41ST ST NEW YORK CITY, NY 10036	NONE	PC	GENERAL OPERATING SUPPORT	398,000
ROCKEFELLER PHILANTHROPY ADVISORS INC 90 CHURCH ST FL 1 #7082 NEW YORK CITY, NY 10008	NONE	PC	GENERAL OPERATING SUPPORT	1,000,000
CHRISTOPHER NEWPORT UNIVERSITY EDUCATION FOUNDATION 1 AVENUE OF THE ARTS NEWPORT NEWS, VA 23606	NONE	PC	GENERAL OPERATING SUPPORT	45,000
UNIVERSITY OF NOTRE DAME 724 GRACE HALL NOTRE DAME, IN 46556	NONE	PC	GENERAL OPERATING SUPPORT	734,535
CHAPMAN UNIVERSITY 1 UNIVERSITY DR ORANGE, CA 92866	NONE	PC	GENERAL OPERATING SUPPORT	914,000
AMERICAN UNIVERSITY OF PARIS 5, BOULEVARD DE LA TOUR- MAUBOURG PARIS, 75007 FR	NONE	PC	GENERAL OPERATING SUPPORT	15,000
WESTERN RESOURCES LEGAL CENTER 9220 SW BARBUR BLVD STE 327	NONE	PC	GENERAL OPERATING SUPPORT	444,000

Name and Address	Relationship	Foundation status	Purpose	Amount
PORTLAND, OR 97219				
INSTITUTE FOR CITIZENS AND SCHOLARS 104 CARNEGIE CENTER PRINCETON, NJ 08540	NONE	PC	GENERAL OPERATING SUPPORT	75,000
BROWN UNIVERSITY 164 ANGELL STREET BOX 1877 PROVIDENCE, RI 02912	NONE	PC	GENERAL OPERATING SUPPORT	9,000
VIRGINIA COMMONWEALTH UNIVERSITY FOUNDATION 700 W GRACE ST RICHMOND, VA 23284	NONE	PC	GENERAL OPERATING SUPPORT	25,000
UNIVERSITY OF ROCHESTER 317 LATTIMORE HALL ROCHESTER, NY 14627-0401	NONE	PC	GENERAL OPERATING SUPPORT	60,000
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE RM 411 SALT LAKE CITY, UT 84112	NONE	PC	GENERAL OPERATING SUPPORT	500,000
WESTERN GOVERNORS UNIVERSITY 4001 SOUTH 700 EAST SALT LAKE CITY, UT 84107	NONE	PC	GENERAL OPERATING SUPPORT	750,000
MOUNT TAMALPAIS COLLEGE PO BOX 492 SAN QUENTIN, CA 94964	NONE	PC	GENERAL OPERATING SUPPORT	100,000
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL OFFICE OF THE PRESIDENT SANTA CLARA, CA 95053-0385	NONE	PC	GENERAL OPERATING SUPPORT	384,000
GEORGETOWN UNIVERSITY 1200 WESTLAKE AVE N SUITE 704 SEATTLE, WA 98109	NONE	PC	GENERAL OPERATING SUPPORT	300,000
FLORIDA STATE UNIVERSITY FOUNDATION 2010 LEVY AVENUE B-300 PO BOX 3062739 TALLAHASSEE, FL 32306-2739	NONE	PC	GENERAL OPERATING SUPPORT	182,727
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20016	NONE	PC	GENERAL OPERATING SUPPORT	27,500
BIPARTISAN POLICY CENTER 1225 EYE ST NW SUITE 1000 WASHINGTON, DC 20005	NONE	PC	GENERAL OPERATING SUPPORT	300,000
CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVE NE WASHINGTON, DC 20064	NONE	PC	GENERAL OPERATING SUPPORT	300,000
EDUCATION DESIGN LAB 1200 18TH ST NW SUITE 710 WASHINGTON, DC 20036	NONE	PC	GENERAL OPERATING SUPPORT	1,287,000
OPPORTUNITY@WORK 1100 CONNECTICUT AVE NW STE 430 WASHINGTON, DC 20036	NONE	PC	GENERAL OPERATING SUPPORT	1,000,000
PRESIDENTS FORUM 80 M ST SE STE 130 STE 130 WASHINGTON, DC 20003	NONE	PC	GENERAL OPERATING SUPPORT	340,000
BOSTON COLLEGE 15 HIGHLAND ST WESTON, MA 02493	NONE	PC	GENERAL OPERATING SUPPORT	25,000
COLLEGE OF WILLIAM & MARY PO BOX 8795 WILLIAMSBURG, VA 23187-8795	NONE	GOV	GENERAL OPERATING SUPPORT	126,960
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD BOX 7227 WINSTON SALEM, NC 27109	NONE	PC	GENERAL OPERATING SUPPORT	18,586
UNIVERSITY OF BIRMINGHAM 97 VINCENT DRIVE BIRMINGHAM, B15 2SQ	NONE	NC	GENERAL OPERATING SUPPORT	38,000

Name and Address	Relationship	Relationship Foundation status		Amount
UK				
UNIVERSITY OF HONG KONG THE UNIVERSITY OF HONG KONG POKFULAM, 999077 HK	NONE	NC	GENERAL OPERATING SUPPORT	48,000
UNIVERSITY OF OXFORD 23-38 HYTHE BRIDGE ST OXFORD, OX1 2ET UK	NONE	NC	GENERAL OPERATING SUPPORT	10,977

Name and Address	Relationship	Foundation status	Purpose	Amount
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE RM 411 SALT LAKE CITY, UT 84112	NONE	PC	GENERAL OPERATING SUPPORT	102,276
UNIVERSITY OF WASHINGTON 1410 NE CAMPUS PKWY SEATTLE, WA 98195	NONE	PC	GENERAL OPERATING SUPPORT	5,672
UNIVERSITY OF THE CITY OF LONDON NORTHAMPTON SQUARE LONDON, EC1V 0HB UK	NONE	NC	GENERAL OPERATING SUPPORT	49,043
DARTMOUTH COLLEGE DARTMOUTH COLLEGE HANOVER, NH 03755	NONE	PC	GENERAL OPERATING SUPPORT	3,500
EDUCATION DESIGN LAB 1200 18TH ST NW SUITE 710 WASHINGTON, DC 20036	NONE	PC	GENERAL OPERATING SUPPORT	1,000,000
HARVARD UNIVERSITY 95 DUNSTER STREET CAMBRIDGE, MA 02138	NONE	PC	GENERAL OPERATING SUPPORT	240,000
PUBLIC HEALTH DATA LABORATORY INSTITUTE 55 SE 2ND AVE STE 1R DELRAY BEACH, FL 33444	NONE	PC	GENERAL OPERATING SUPPORT	500,000
ST. ANSELM COLLEGE 100 SAINT ANSELM DR MANCHESTER, NH 03102	NONE	PC	GENERAL OPERATING SUPPORT	12,500
ILLINOIS WESLEYAN UNIVERSITY PO BOX 2900 BLOOMINGTON, IL 61702	NONE	PC	GENERAL OPERATING SUPPORT	7,500
NORTH DAKOTA STATE UNIVERSITY 1241 NORTH UNIVERSITY DRIVE FARGO, ND 58102	NONE	PC	GENERAL OPERATING SUPPORT	1,000,000
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR VIRGINIA BEACH, VA 23464	NONE	PC	GENERAL OPERATING SUPPORT	15,000

# Form **990-T**

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

OMB No. 1545-0047

		For cal	endar year 2023 or other tax year beginning, 2023, and ending, 2	0	2	Z020
	nent of the Treasury Revenue Service	Do no	Go to www.irs.gov/Form990T for instructions and the latest information. of enter SSN numbers on this form as it may be made public if your organization is a 501(	c)(3).		en to Public Inspection for 501(c)(3) Organizations Only
	Check box if address changed.	Drivet	Name of organization (  Check box if name changed and see instructions.)  CHARLES KOCH FOUNDATION	D Em		identification number 3-0918408
	npt under section 01( C )( 3 )	Print or	Number, street, and room or suite no. If a P.O. box, see instructions. 4201 WILSON BLVD., SUITE 0800			emption number
	08(e) 220(e)	Type	City or town, state or province, country, and ZIP or foreign postal code			
	08A 530(a)				01	-1. b 16
	29(a) 529A	C Bool	k value of all assets at end of year	F		ck box if mended return.
100 000	The state of the s			te co	llege	/university
G OII	eck organizatio	ii type	6417(d)(1)(A) Applicable entity	10 00	liege	diliversity
H Ch	eck if filing only	v to clai	im ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payn	nent a	amou	nt from Form 3800
			nization filing a consolidated return with a 501(c)(2) titleholding corporation .			
			ched Schedules A (Form 990-T)			
			the corporation a subsidiary in an affiliated group or a parent-subsidiary controlle	ed ara	nun?	
	-		and identifying number of the parent corporation	ou giv	oup.	_ 1es
			(SEE STATEMENT)  Telephone number		(70	03) 214-7118
Part			ed Business Taxable Income		(10	70/214-7110
1			ness taxable income computed from all unrelated trades or businesses (see instruction	ne)	1	1,215,991
2	Reserved	eu busii	less taxable income computed from all differenced trades of businesses (see instruction	13)	2	1,210,001
3	Add lines 1 an			•	3	1,215,991
4			ons (see instructions for limitation rules)	•	4	121,599
5			ess taxable income before net operating losses. Subtract line 4 from line 3.	-	5	1,094,392
6			erating loss. See instructions	•	6	1,034,332
7			usiness taxable income before specific deduction and section 199A deduction	on		
•	Subtract line 6			JII.	7	1,094,392
				. +	8	
8	-	_	enerally \$1,000, but see instructions for exceptions)	. +	9	1,000
9			deduction. See instructions	. +	10	
10 11			dd lines 8 and 9	-	10	1,000
•••	enter zero .		_			4 002 202
Part			tion	•	11	1,093,392
1			le as corporations. Multiply Part I, line 11, by 21% (0.21)		1	229,612
-	-			+		229,012
2			ust rates. See instructions for tax computation. Income tax on the amount ☐ Tax rate schedule or ☐ Schedule D (Form 1041)		2	
3	Proxy tax. Se	e instru	ctions		3	0
4	Other tax amo	unts. S	ee instructions		4	0
5	Alternative min	nimum	tax		5	0
6	Tax on nonco	mpliar	nt facility income. See instructions		6	0
7	Total. Add line	es 3 thr	ough 6 to line 1 or 2, whichever applies		7	229,612
<b>Part</b>	III Tax and	d Payn	nents			
1a	Foreign tax cre	edit (co	rporations attach Form 1118; trusts attach Form 1116) 1a	0		
b			tructions)	0		
C	General busin	ess cre	dit. Attach Form 3800 (see instructions) 1c	0		
d			ninimum tax (attach Form 8801 or 8827)			
e	Total credits.	Add lir	nes 1a through 1d	1	le	0
2	Subtract line 1	le from	Part II, line 7	:	2	229,612
3a	Amount due fr	rom For	rm 4255			
b	Amount due fr	rom For	rm 8611			
C	Amount due fr	rom For	rm 8697			
d	Amount due fr	rom For	rm 8866			
е	Other amounts	s due (s	see instructions)	0		
f	Total amounts	due. A	dd lines 3a through 3e	3	3f	0
4			2 and 3f (see instructions).   Check if includes tax previously deferred under			
	section 1294	4. Enter	tax amount here	0	4	229,612
5	Current net 96	55 tax li	ability paid from Form 965-A, Part II, column (k)		5	0

Form 990-T (2023)

Part I	l i	Tax and Payments (continued)										
6a	_	ents: Preceding year's overpayment of	credited t	to the current ve	ear	6a	37	0,395				
	A CONTRACTOR OF THE PARTY OF TH	nt year's estimated tax payments. Ch										
	applie			107	🗆	6b		0				
C	Tax d	eposited with Form 8868				6c	15	0,000				
d	Foreig	gn organizations: Tax paid or withheld	at source	e (see instruction	ons) .	6d		0				
е		up withholding (see instructions)			•	6e		0				
f		t for small employer health insurance				6f		0				
g		ve payment election amount from For	•	3/				0				
h		ent from Form 2439				6h		0				
i		t from Form 4136				6i		0				
j	Other	(see instructions)				6j		0				
7	Total	payments. Add lines 6a through 6j							7		520	,395
8	Estim	ated tax penalty (see instructions). Ch	eck if Fo	rm 2220 is atta	ched .				8			0
9	Tax d	lue. If line 7 is smaller than the total of	f lines 4,	5, and 8, enter	amount o	wed			9			0
10	Over	payment. If line 7 is larger than the to	tal of line	s 4, 5, and 8, e	nter amou	int ove	erpaid		10		290	,783
11	Enter	the amount of line 10 you want: Credite	ed to 2024	4 estimated tax		290,	783 Refun	ded	11			0
Part I	V :	Statements Regarding Certain A	ctivitie	s and Other I	nformati	i <b>on</b> (s	ee instructions	3)				
		y time during the 2023 calendar year,									Yes	No
		a financial account (bank, securities, o										
	FinCE	N Form 114, Report of Foreign Bank	and Fina	ancial Accounts	. If "Yes,"	enter	the name of t	he for	eign co	untry		
	here											✓
2	During	the tax year, did the organization receive	e a distril	bution from, or w	as it the g	rantor	of, or transferor	rto, a	foreign t	rust?		✓_
	If "Ye	s," see instructions for other forms the	e organiz	ation may have	to file.							
3		the amount of tax-exempt interest red					\$			0		
4	Enter	available pre-2018 NOL carryovers he	ere \$	0.	Do not in	nclude	any post-201	7 NOI	_ carry	ver		
		n on Schedule A (Form 990-T). Don't	reduce	the NOL carry	over show	n her	e by any dedu	iction	reporte	ed on		
		, line 6.								.		
		2017 NOL carryovers. Enter the Busin										
	the ar	nounts shown below by any NOL clain		ny Schedule A,	art II, IIne							
		Business Activity	Code			Avail	able post-2017	7 NOL				
	90300				\$				2,167	I		
	90300				\$				22	2,308		
	90300									0		
0-		STATEMENT)			*	•					$\rightarrow$	
		ved for future use								• •	$\rightarrow$	
		ved for future use		<u></u>						•		
Part		Supplemental Information										
rovide	any a	additional information. See instruction	15.									
	Under	penalties of perjury, I declare that I have exam	ined this re	eturn including acco	mnanving s	chedule	es and statements	and to	the hest	of my kn	owledo	e and
		it is true, correct, and complete. Declaration of									omeug	,o and
Sign									May the	IRS discus	o thio r	oturn
Here				т	REASURER					preparer s		
	Signa	ature of officer		Date Titl		•				uctions)?		
<u> </u>		Print/Type preparer's name	Preparer's				Date	Chec	k 🗍 if	PTIN		
Paid		LAUREN DENTON	LAUREN				11/15/2024		mployed		57186	60
_	Preparer Firm's name FORVIS MAZARS LLP Firm's FIN 44-0						44-016					
Use (	Only	Firm's address 1551 N WATERFRONT Pk	(WY STF	300. WICHITA K	S 67206-66	601		Phone		(316) 26		1
	Fillins address 100 N WATER NOW 1 TO 12 500, WIGHTA, NO 07200-001 Filline No. (010) 200-200							•				

Form **990-T** (2023)

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

## **Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans**

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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	orations required to file an income tax return other request an extension of time to file income tax return		(including 1120-C filers), partnership	s, REMICs,	and	trusts mu	st use Form
Part I	- Identification						
Type o	r Name of exempt organization, employer, or CHARLES KOCH FOUNDATION						
File by th	for 4201 WILSON BLVD., SUITE 800	O. box, see instru	ctions.				
return. Se instruction	only, town or post office, state, and zir code	e. For a foreign ad	dress, see instructions.				
Enter t	he Return Code for the return that this applica	ation is for (file a	separate application for each ref	turn) .			0 7
Appli	cation Is For	Return Code	Application Is For				Return Code
Form	990 or Form 990-EZ	01	Form 4720 (other than individua	al)			09
Form	4720 (individual)	03	Form 5227				10
Form	990-PF	04	Form 6069				11
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 8870				12
Form	990-T (trust other than above)	06	Form 5330 (individual)				13
	990-T (corporation)	07	Form 5330 (other than individua	al)			14
Form	1041-A	80					
time to	you enter your Return Code, complete either of file Form 5330. s application is for an extension of time to file Plan Name Plan Number	Form 5330, you	must enter the following informa				
	Plan Year Ending (MM/DD/YYYY)						
Part I	<ul> <li>I — Automatic Extension of Time To Fi</li> </ul>	le for Exempt	Organizations (see instruction	ons)			
• The b	pooks are in the care of ► HENRICH HEUER, 4:	201 WILSON BLV	D., SUITE 800, ARLINGTON,, VA 22	2203			
Telep	ohone No. ► (571) 290-6811	Fax	No. ►				
	organization does not have an office or place						. ▶□
• If this	s is for a Group Return, enter the organization'	s four digit Grou	p Exemption Number (GEN)			. If this	is
for the	whole group, check this box ▶ □	bracket . If it is for part	of the group, check this box .	)	<b>-</b>	and att	tach
a list w	ith the names and TINs of all members the ex	tension is for.					
1	I request an automatic 6-month extension of the organization named above. The extension  ▶ ✓ calendar year 20 23 or  ▶ ☐ tax year beginning	is for the orgar	nization's return for:				
2	If the tax year entered in line 1 is for less than  ☐ Change in accounting period	12 months, che	eck reason:   Initial return	Final retu	rn		
3a	If this application is for Forms 990-PF, 990 nonrefundable credits. See instructions.	0-T, 4720, or 6	069, enter the tentative tax, le	- 1	3a	\$	520,395
b	If this application is for Forms 990-PF, 990 estimated tax payments made. Include any processing the state of				3b	\$	370,395
С	Balance due. Subtract line 3b from line 3a using EFTPS (Electronic Federal Tax Payment	. Include your	payment with this form, if require	red, by	3с		150,000
Caution	. If you are going to make an electronic funds with			53-TE and I	Form	9970_TE	for payment

Form 8868 (Rev. 1-2024)

Part	III — Extension of Time To File Form 5330 (see instructions)		
1	I request an extension of time until, 20, to file Form 5330.		
	You may be approved for up to a 6-month extension to file Form 5330, after the normal du	e date of	Form 5330.
а	Enter the Code section(s) imposing the tax.		1
b	Enter the payment amount attached.	1b	\$
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment data (MM/DD/YYYY).	ate 1c	
2	State in detail why you need the extension.		
		4 12/18	
to prep	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, are this application.	d complete,	and that I am authorized
Signat	ture Date		

Form **8868** (Rev. 1-2024)

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

OMB No. 1545-0047

Department of the Treasury

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Internal Revenue Service A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903001 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 1 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 Gross profit. Subtract line 2 from line 1c . . . 3 0 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . (58,211)(58,211)4a Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 (625,806)(625,806)Rent income (Part IV) . . . . . . . . . . . 6 6 0 0 0 7 7 0 0 0 Unrelated debt-financed income (Part V) . . . . . 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 Investment income of section 501(c)(7), (9), or (17) 9 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 0 11 11 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . . 13 13 (684.017) Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . 2 2 0 3 0 3 4 4 0 Rad debts . . . . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 Less depreciation claimed in Part III and elsewhere on return . 0 8b 0 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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, 16 (684,017)17 Deduction for net operating loss. See instructions . . . . . . . . . . . . 17 0

Unrelated business taxable income. Subtract line 17 from line 16

(684.017)

18

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year			7	0
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Par	rt I, line 2	8	0
9	Do the rules of section 263A (with respect to proper				on? 🗌 Yes 🗌 No
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instruction	ns.
	A				
	B				
	<u> </u>				
	D 🗆				
_	Don't work to be seen at	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 (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				+
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	b D. Enter here and a	n Bort I line 6 colu	umn (P)	0
			on Fart I, line 0, cold	IIIII (B)	
Par	`				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See instr	ructions.
	<u>A</u>				
	B				
	D 📙	Α	В	С	D
2	Gross income from or allocable to debt-financed	^	В		
-	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,	-			
	columns A through D)				
4	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	%	%	o,	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I. line 7	olumn (A)	0
	, , , ,	-g., Dj. Littor Horo all			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lin	e 7, column (B)	0
11	Total dividends - received deductions include	ed in line 10			0

	t V/ Interest Appuit	ine Dovoltic	e and Dant	e Ere	m Controlled Ora	ranizations (ass instru	ıotion	Page 3
Fal	rt VI Interest, Annuit	ies, noyaitie	o, and nent	5 F10		ganizations (see instruntrolled Organizations	iction	5)
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)							-3	
(2)								
(3)								
(4)								
		<u> </u>					W.	
	7. Taxable income	inco	t unrelated me (loss) nstructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
	als				), or (17) Organiza 3. Deductions directly connected	line 8, column (A).  0 ation (see instructions)  4. Set-asides (attach statement)	)	Total deductions and set-asides
				(	(attach statement)		(ad	d columns 3 and 4)
(1)								
(2)								
(3)								
(4)							-	
		Enter here	nts in column 2. and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota	als		0					0
Par			ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines						2	
3							3	
4	Net income (loss) from lines 5 through 7						4	
5	Gross income from acti	vity that is not	unrelated bus	iness	income		5	
6	Expenses attributable to						6	
7	Excess exempt expense 4. Enter here and on Pa						7	

Part	Advertising Income					-
1	Name(s) of periodical(s). Check box if re	porting two or more	periodic	als on a consolid	dated basis	
P.	A 🗆	2013 SAN POOL #1 COOK SAN	and the second	alo on a concom	action buolo.	
	<b>P</b> —					
	C					
	<b>D</b>		_			
nter	amounts for each periodical listed above	in the corresponding	a column	i		
	amounts for each periodical listed above	A		. В	С	D
2	Gross advertising income					
a	Add columns A through D. Enter here ar	nd on Part I, line 11,	column	(A)		. 0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here ar	nd on Part I, line 11,	, column	(B)		. 0
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, lumn in omplete				
5 6 7	Readership costs	ss than is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. Ent Part II, line 13	_				
Par	Compensation of Officers, Di	rectors, and Trus	stees (se	ee instructions)		
	1. Name	:	2. Title		3. Percentage of time devoted to business	Compensation     attributable to     unrelated business
(1)			_		%	
(2)					%	
(3)					%	
(4)					%	
Tota	II. Enter here and on Part II, line 1 .					0
Part	Supplemental Information (se	e instructions)				
	,	,				
					·	·

# Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

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

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

A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903002 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 2 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 0 Gross profit. Subtract line 2 from line 1c . . . 3 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . 0 0 4a Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 2.097 2.097 Rent income (Part IV) . . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 Investment income of section 501(c)(7), (9), or (17) 9 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 0 11 11 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . . 13 13 2.097 2,097 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . 2 2 0 3 0 3 4 4 0 . . . . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 0 8b 0 Less depreciation claimed in Part III and elsewhere on return. 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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, 16 2.097 17 Deduction for net operating loss. See instructions . . . . . . . . . . . . 17 1,678 Unrelated business taxable income. Subtract line 17 from line 16 419 18

	e A (Form 990-1) 2023				Page Z
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)			The state of the s	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 prop				? Yes No
12	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-u	se. See instructions.	•
	<u>A</u>				
	B 🗆				
	D 🗆	_	-	•	
_	Don't mare band on a command	Α	В	С	D
2	Rent received or accrued From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
U	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				
	riad iiiloo Za aiid Zb, oolaliiilo ri aiiloagii b				
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0
4	Deductions directly connected with the income				
•	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	h D. Enter here and o	on Part I, line 6, colu	ımn (B)	0
Par	Unrelated Debt-Financed Income (se	e instructions)			_
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	lual-use. See instruc	ctions.
	<b>A</b> □	• • •	•		
	В 🗌				
	C □				
	D 🗆				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%_
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through	ugh D). Enter here an	nd on Part I. line 7. d	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include			•	0
	TOTAL MINING THE TENERAL DECIDENCIES III (III)				U

	t VI Interest, Annuit	ies. Rovaltie	s. and Rents	s Fro	m Controlled Ord	ganizations (see instru	ıction	s)
	microsi, raman	,	-,			ntrolled Organizations	.5	~,
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	1	Deductions directly connected with come in column 5
(1)					_			
(2)					<del>-</del>			
(3)								
(4)								
	·	89					100	
	7. Taxable income	inco	unrelated 9 ne (loss) structions)		. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota Par					), or (17) Organiza 3. Deductions directly connected	line 8, column (A).  0 ation (see instructions) 4. Set-asides (attach statement)	)	er here and on Part I, ine 8, column (B). 0 Total deductions and set-asides
					(attach statement)	,	(ad	d columns 3 and 4)
(1)					<del></del>			
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota			0					0
	•		ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines						2	
3	Expenses directly conne line 10, column (B)						3	
4	Net income (loss) from					0 ,		
_	lines 5 through 7						4	
5	Gross income from activ	-					5	
6	Expenses attributable to						6	
7	Excess exempt expense 4. Enter here and on Pa						7	

Schedule A (Form 990-T) 2023 Page 4

	X Advertising Income				
1	Name(s) of periodical(s). Check box if re	eporting two or more period	dicals on a consolid	ated basis.	
	A 🗆	, , , , , , , , , , , , , , , , , , ,			
	В				
	C 🗆				
	D 🗆				
nter	amounts for each periodical listed above	in the corresponding colum	nn.		
	i.	A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here a	nd on Part I, line 11, colum	n (A)		0
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here a	nd on Part I, line 11, colum	n (B)		0
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete			
5 6 7	Readership costs	ess than 5 is less			
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on			
а	Add line 8, columns A through D. Enter II, line 13	ter the greater of the line			_
Par	X Compensation of Officers, Di	irectors, and Trustees (	(see instructions)		
	1. Name	<b>2.</b> Title		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)				%	
(2)				%	
(3)				%	
·-/					
				%	
(4)				%	
(4) Tota	II. Enter here and on Part II, line 1 .				0
(4) Tota	II. Enter here and on Part II, line 1 .  XI Supplemental Information (se				0
(4) Tota					0
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(4) Tota				% 	0
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(4) Tota				% 	0
(4) Tota				% 	0

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

OMB No. 1545-0047

Department of the Treasury

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Internal Revenue Service A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903003 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 3 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 0 Gross profit. Subtract line 2 from line 1c . . . 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . . . . . 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 34,493 34,493 Rent income (Part IV) . . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 Investment income of section 501(c)(7), (9), or (17) 9 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 0 11 11 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . 13 13 34,493 34,493 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . 2 2 0 3 0 3 4 4 0 Rad debts . . . . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 0 8b 0 Less depreciation claimed in Part III and elsewhere on return. 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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, 16 34,493 17 17 0

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Cat. No. 74036O

Schedule A (Form 990-T) 2023

34.493

18

Schedule A (Form 990-T) 2023 Page **2** 

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year			7	0
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Par	rt I, line 2	8	0
9	Do the rules of section 263A (with respect to proper				on? 🗌 Yes 🗌 No
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instruction	ns.
	A				
	B				
	<u> </u>				
	D 🗆				
_	Don't work to be seen at	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 (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				+
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	b D. Enter here and a	n Bort I line 6 colu	umn (P)	0
			on Fart I, line 0, cold	IIIII (B)	
Par	`				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See instr	ructions.
	<u>A</u>				
	B				
	D 📙	Α	В	С	D
2	Gross income from or allocable to debt-financed	^	В		
-	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,	-			
	columns A through D)				
4	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	%	%	o,	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I. line 7	olumn (A)	0
	, , , ,	-g., Dj. Littor Horo all			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lin	e 7, column (B)	0
11	Total dividends - received deductions include	ed in line 10			0

	ule A (Form 990-1) 2023							Page 3
Par	t VI Interest, Annuit	ies, Royaitie	es, and Rents	s Fro		ganizations (see instru	iction	S)
					Exempt Co	ntrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	1	Deductions directly connected with come in column 5
(1)		*			<del> </del>			
(2)								
(3)					<del>-</del>			
(4)							ĺ	
			•				40	
	7. Taxable income	inco	t unrelated me (loss) nstructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)					<del></del>			
(4)								
Tota Par				(	3. Deductions directly connected	line 8, column (A).  0 ation (see instructions)  4. Set-asides (attach statement)	5.	Total deductions and set-asides
					(attach statement)		(ac	d columns 3 and 4)
(1)								
(2)							-	
(3)							-	
(4)		Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota			0					0
Part			ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines	ss income fron	n trade or busi	ness.	Enter here and on P	art I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)							
4	Net income (loss) from							
	lines 5 through 7						4	
5	Gross income from acti	•					5	
6	Expenses attributable to						6	
7	Excess exempt expense 4. Enter here and on Pa			6, bu	t do not enter more t	than the amount on line	7	

	X Advertising Income				
1	Name(s) of periodical(s). Check box if re	eporting two or more period	icals on a consoli	dated basis.	
	A 🗆				
	В 🗆				
	C 🗆				
	D				
nter	amounts for each periodical listed above		<del>-1</del>		
2	Gross advertising income	A	В	С	D
2	Access that strategy and the second of the s	57 (41 50) 4 <del>0</del>			
а	Add columns A through D. Enter here ar	nd on Part I, line 11, columr	n (A)		0
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here ar	nd on Part I, line 11, columr	n (B)		0
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete			
5 6 7	Readership costs	ess than 5 is less			
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on			
а	Add line 8, columns A through D. Ent Part II, line 13				
Par	X Compensation of Officers, Di	rectors, and Trustees (	see instructions)		
	1. Name	<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)		_		%	
(2)				%	
(2) (3)				%	
(2) (3) (4)					
(2) (3) (4)	I Enter here and on Part II line 1			% %	
(2) (3) (4) Tota	II. Enter here and on Part II, line 1 .			% %	0
(2) (3) (4) Tota	II. Enter here and on Part II, line 1 .  XI Supplemental Information (se			% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	
(2) (3) (4) Tota				% %	

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903004 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 4 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 Gross profit. Subtract line 2 from line 1c. . . 3 0 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . 1,340 1,340 4a Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 1,662 1,662 Rent income (Part IV) . . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 Investment income of section 501(c)(7), (9), or (17) 9 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 0 11 11 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . . 13 13 3.002 3,002 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . 2 2 0 3 0 3 4 4 0 . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 0 8b 0 Less depreciation claimed in Part III and elsewhere on return. 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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, 16 3.002 17 Deduction for net operating loss. See instructions . . . . . . . . . . . . 17 0 Unrelated business taxable income. Subtract line 17 from line 16 3.002 18

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

Pari	Cost of Goods Sold Enter me	thod of inventory val	uation		94
1	Inventory at beginning of year			1	0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			CALL DESCRIPTION OF THE PARTY O	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 prop				
_	Rent Income (From Real Property an				r L tes L No
1	Description of property (property street address,				
	A 🗆		· Court of the cou		
	B -				
		<del></del>			
	D 🗆		-	•	
_	Post and the Landson of	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, colum	ns A through D. Enter	here and on Part I. I	ine 6. column (A)	0
			,	, , ,	
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A throug	h D. Enter here and o	on Part I, line 6, colu	ımn (B)	0
Par	V Unrelated Debt-Financed Income (se	a instructions)			
1	Description of debt-financed property (street add		code) Check if a d	ual-use See instruc	etions
•	A	-	codej. Oncok ii a d	dai doc. occ motrac	tions.
	B -				
	c □				
	D $\square$				
		Α	В	С	D
2	Gross income from or allocable to debt-financed		_		
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6		,,,	70	
8	Total gross income (add line 7, columns A through	ugh D). Enter here an	id on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I lin	ie 7. column (R)	0
11	Total dividends — received deductions include	_		•	
	Total dividends — received deductions include				U

	t V/ Interest Appuit	ine Dovoltic	e and Dant	e Ere	m Controlled Ore	ranizations (ass instru	ıotion	Page 3
Fal	rt VI Interest, Annuit	ies, noyaitie	o, and nent	5 F10		ganizations (see instruntrolled Organizations	iction	5)
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)							-3	
(2)								
(3)								
(4)								
		<u> </u>					W.	
	7. Taxable income	inco	t unrelated me (loss) nstructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
	als				), or (17) Organiza 3. Deductions directly connected	line 8, column (A).  0 ation (see instructions)  4. Set-asides (attach statement)	)	Total deductions and set-asides
				(	(attach statement)		(ad	d columns 3 and 4)
(1)								
(2)								
(3)								
(4)							-	
		Enter here	nts in column 2. and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota	als		0					0
Par			ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines						2	
3							3	
4	Net income (loss) from lines 5 through 7						4	
5	Gross income from acti	vity that is not	unrelated bus	iness	income		5	
6	Expenses attributable to						6	
7	Excess exempt expense 4. Enter here and on Pa						7	

Part	Advertising Income					-
1	Name(s) of periodical(s). Check box if re	porting two or more	periodic	als on a consolid	dated basis	
P.	A 🗆	2013 SAN POOL #1 COOK SAN	and the second	alo on a concom	action buolo.	
	<b>P</b> —					
	C					
	<b>D</b>		_			
nter	amounts for each periodical listed above	in the corresponding	a column	i		
	amounts for each periodical listed above	A		. В	С	D
2	Gross advertising income					
a	Add columns A through D. Enter here ar	nd on Part I, line 11,	column	(A)		. 0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here ar	nd on Part I, line 11,	, column	(B)		. 0
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, lumn in omplete				
5 6 7	Readership costs	ss than is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. Ent Part II, line 13	_				
Par	Compensation of Officers, Di	rectors, and Trus	stees (se	ee instructions)		
	1. Name	:	2. Title		3. Percentage of time devoted to business	Compensation     attributable to     unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Tota	II. Enter here and on Part II, line 1 .					0
Part	Supplemental Information (se	e instructions)				
	,	,				
					·	·

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903005 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 5 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1c Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 0 Gross profit. Subtract line 2 from line 1c. . . . . 3 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) . . . . . . . . . . . . . . . . 5 n n 0 6 6 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . Advertising income (Part IX) . . . . . . . . . . . . 11 11 0 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . 13 13 0 0 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . . 2 2 0 3 0 3 4 4 0 . . . . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . . 8 0 8b 0 Less depreciation claimed in Part III and elsewhere on return. 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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, 16 0 17 17 0 0 Unrelated business taxable income. Subtract line 17 from line 16 18

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

Schedule A (Form 990-T) 2023 Page **2** 

Part	Cost of Goods Sold Enter me	thod of inventory val	uation							
1	Inventory at beginning of year			1	0					
2	Purchases			2	0					
3	Cost of labor									
4	Additional section 263A costs (attach statement)									
5	Other costs (attach statement)									
6	<b>Total.</b> Add lines 1 through 5									
7	Inventory at end of year									
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2									
9	Do the rules of section 263A (with respect to proper				on? Yes No					
Part	N Rent Income (From Real Property an									
1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.									
	A 🗆									
	B									
	<u> </u>									
	D 🗆									
_		A	В	С	D					
2	Rent received or accrued									
а	From personal property (if the percentage of rent for personal property is more than 10%									
	but not more than 50%)									
<b>L</b>	*	-								
b	From real and personal property (if the percentage of rent for personal property exceeds									
	50% or if the rent is based on profit or income) .									
С	Total rents received or accrued by property.									
•	Add lines 2a and 2b, columns A through D									
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0					
4	Deductions directly connected with the income									
	in lines 2a and 2b (attach statement)									
5	Total deductions Add line 4 columns A through	h D. Enter here and a	n Dort Lline 6 cel	uman (D)	0					
3	Total deductions. Add line 4, columns A through		on Fart I, line 6, cold	IIIII (b)						
Par	`									
1	,,									
	<u>A</u>									
	B									
	D 🗆	Α	В	С	D					
2	Gross income from or allocable to debt-financed	Α	В	<u> </u>	— <del>U</del>					
_	property									
3	Deductions directly connected with or allocable				<del> </del>					
-	to debt-financed property									
а	Straight line depreciation (attach statement) .									
b	Other deductions (attach statement)									
c	Total deductions (add lines 3a and 3b,									
	columns A through D)									
4	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	%	%	9,	%					
7	Gross income reportable. Multiply line 2 by line 6									
8	8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0									
	, , , ,	ugii Dj. Eliter liere ali	on Fait i, fille 7, 0	Ciditiii (A)						
9	Allocable deductions. Multiply line 3c by line 6									
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)									
11	Total dividends — received deductions include	ed in line 10			0					

Schedule A (Form 990-T) 2023 Page 3

	tile A (Form 990-1) 2023	ios Dovoltio	e and Dont	e Ere	m Controlled O	ranizations (ass instru	otion	Page 3	
Pal	Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)  Exempt Controlled Organizations								
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5	
(1)									
(2)									
(3)									
(4)									
		<u> </u>					80		
	7. Taxable income	inco	t unrelated me (loss) astructions)	9. Total of specified payments made		that is included in the connect		Deductions directly connected with come in column 10	
(1)									
(2)									
(3)									
(4)									
Totals				), or (17) Organiza 3. Deductions directly connected	line 8, column (A).  0 ation (see instructions)  4. Set-asides (attach statement)		Total deductions and set-asides		
				(	(attach statement)		(ad	d columns 3 and 4)	
(1)									
(2)									
(3)							-		
(4)							-		
	Add amounts in column 2 Enter here and on Part I, line 9, column (A).		and on Part I,				Add amounts in column 5. Enter here and on Part I, line 9, column (B).		
Tota	als		0					0	
Par	VIII Exploited Exem	pt Activity I	ncome, Othe	r Th	an Advertising In	come (see instructions	s)		
1	Description of exploited activity:								
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A								
3	Expenses directly conne line 10, column (B)			Enter here and on Part I,	3				
4	Net income (loss) from unrelated trade or business. lines 5 through 7						4		
5	Gross income from activity that is not unrelated business income .						5		
6	Expenses attributable to income entered on line 5 .						6		
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more t 4. Enter here and on Part II, line 12						7		

Part	X Advertising Income				
1	Name(s) of periodical(s). Check box if report	ting two or more periodic	als on a consolic	lated basis.	*
	A 🗆	Charles and the control of the contr			
	B 🗆	· · · · · · · · · · · · · · · · · · ·			
	c 🗆				78
	D 🗆				-
Enter	amounts for each periodical listed above in the	he corresponding column	i.		
		A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and o	on Part I, line 11, column	(A)		0
3	Direct advertising costs by periodical .				
а	Add columns A through D. Enter here and o	on Part I, line 11, column	(B)		0
4	Advertising gain (loss). Subtract line 3 from 2. For any column in line 4 showing a goomplete lines 5 through 8. For any column line 4 showing a loss or zero, do not complines 5 through 7, and enter -0- on line 8	gain, In in			
5 6 7	Readership costs	than less			
8	Excess readership costs allowed as deduction. For each column showing a gair line 4, enter the lesser of line 4 or line 7.	s a			
а	Add line 8, columns A through D. Enter the Part II, line 13	_			
Par	Compensation of Officers, Direct				
	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
Part	X Supplemental Information (see in	nstructions)			
	,	,			

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903006 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 6 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 0 Gross profit. Subtract line 2 from line 1c . . . 3 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 21,571 21,571 Rent income (Part IV) . . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 Investment income of section 501(c)(7), (9), or (17) 9 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 0 11 11 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . 13 13 21.571 21,571 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . 2 2 0 3 0 3 4 4 0 . . . . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 0 8b 0 Less depreciation claimed in Part III and elsewhere on return. 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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, 16 21.571 17 17 0 Unrelated business taxable income. Subtract line 17 from line 16 21.571 18

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		94			
1	Inventory at beginning of year			1	0			
2	Purchases				0			
3	Cost of labor				0			
4	Additional section 263A costs (attach statement)				0			
5	Other costs (attach statement)			CALL DESCRIPTION OF THE PARTY O	0			
6	<b>Total.</b> 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 prope							
Part	N Rent Income (From Real Property an							
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							
	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, colum	no A through D. Entor	horo and on Part I I	ino 6. column (A)	0			
3	Total ferits received of accrued. Add line 2c, column	ils A tillough D. Enter	nere and on Fart 1, 1	ine o, column (A)				
4	Deductions directly connected with the income							
	in lines 2a and 2b (attach statement)							
5	Total deductions. Add line 4, columns A through	h D. Enter here and o	on Part I line 6 colu	ımn (B)	0			
				(=)				
Par	•							
1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.							
	A []							
	B							
	<b>D</b> □							
		Α	В	С				
2	Gross income from or allocable to debt-financed			•				
-	property							
3	Deductions directly connected with or allocable							
	to debt-financed property							
а	Straight line depreciation (attach statement) .							
b	Other deductions (attach statement)							
c	Total deductions (add lines 3a and 3b,							
	columns A through D)							
4	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		,,,	,				
		- L D) F : - L	des Bed I II =	- L (A)				
8	Total gross income (add line 7, columns A through	ugn D). Enter here an	a on Part I, line 7, o	olumn (A)	0			
9	Allocable deductions. Multiply line 3c by line 6							
		A through D. Enter b	ore and an Bort Library	o 7 column (B)	0			
10								
11	Total dividends - received deductions include	ed in line 10			0			

	t VI Interest, Annuiti	ies. Rovaltie	s. and Rents	s Fro	m Controlled Ord	anizations (see instru	ıction	s)	
	Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)  Exempt Controlled Organizations						15.1.5110/		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	1	Deductions directly connected with come in column 5	
(1)					_				
(2)					<del>-</del>				
(3)									
(4)									
	,	89					100		
	7. Taxable income	ble income  8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10	
(1)									
(2)									
(3)									
(4)									
Totals				), or (17) Organiza 3. Deductions directly connected	line 8, column (A).  0 ation (see instructions)  4. Set-asides (attach statement)	)	er here and on Part I, ine 8, column (B). 0 Total deductions and set-asides		
				(attach statement)		(,	(add columns 3 and 4)		
(1)									
(2)									
(3)									
(4)									
	Add amounts in co Enter here and on line 9, column		and on Part I,				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 <u>)</u>	<u> </u>	
1	Description of exploited activity:								
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A								
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I line 10, column (B)								
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete								
	lines 5 through 7						4		
5		Gross income from activity that is not unrelated business income					5		
6		Expenses attributable to income entered on line 5 .					6		
7	Excess exempt expense 4. Enter here and on Pa					than the amount on line	7		

Part	X Advertising Income		·			
1	Name(s) of periodical(s). Check box if re	eporting t	wo or more periodic	als on a consoli	dated basis.	
	A 🗆					
	В 🗆					
	C 🗆					
	D 🗆					
Enter	amounts for each periodical listed above	in the co		l		
2	Gross advertising income		Α	В	С	D
2			SP 8929 S030 89			
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 colline 4 showing a loss or zero, do not collines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete				
5 6 7	Readership costs	ess than 5 is less				
8	than line 6, enter -0	as a gain on				
а	Add line 8, columns A through D. En Part II, line 13					
Par	Compensation of Officers, Di	irectors	, and Trustees (se	ee instructions	)	
	1. Name		<b>2.</b> Title		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
T-4-	I. Enter have and an Deat II. See 4					
	I. Enter here and on Part II, line 1 .  XI Supplemental Information (se					0
Par	Supplemental information (se	e instru	cuons)			

# Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

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

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

A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 7 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance b Less returns and allowances 1c Cost of goods sold (Part III, line 8) . . . . . . . . . . . Gross profit. Subtract line 2 from line 1c. . . . . Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . Net gain (loss) (Form 4797) (attach Form 4797). See 4h Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach statement) . . . . . . . . . . . . . . . . n n Unrelated debt-financed income (Part V) . . . . . . Interest, annuities, royalties, and rents from a controlled Investment income of section 501(c)(7), (9), or (17) Exploited exempt activity income (Part VIII) . . . . . . Advertising income (Part IX) . . . . . . . . . . . . Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . . . . . . . . . . . . . Interest (attach statement). See instructions Taxes and licenses . . . . . . . . . . . . . . . . Depreciation (attach Form 4562). See instructions . . . . . 8b Less depreciation claimed in Part III and elsewhere on return. Contributions to deferred compensation plans . . . . Employee benefit programs . . . . . . . . . . . . . Excess exempt expenses (Part VIII) . . . . . . . Excess readership costs (Part IX) . . . . . . . . . . Total deductions. Add lines 1 through 14 . . . . . Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, Unrelated business taxable income. Subtract line 17 from line 16 

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year			7	0
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Par	rt I, line 2	8	0
9	Do the rules of section 263A (with respect to proper				on? 🗌 Yes 🗌 No
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instruction	ns.
	A				
	B				
	<u> </u>				
	D 🗆				
_	Don't work to be seen at	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 (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				+
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	b D. Enter here and a	n Bort I line 6 colu	umn (P)	0
			on Fart I, line 0, cold	IIIII (B)	
Par	`				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See instr	ructions.
	<u>A</u>				
	B				
	D 📙	Α	В	С	D
2	Gross income from or allocable to debt-financed	^	В		
-	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,	-			
	columns A through D)				
4	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	%	%	o,	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I. line 7	olumn (A)	0
	, , , ,	-g., Dj. Littor Horo all			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lin	e 7, column (B)	0
11	Total dividends - received deductions include	ed in line 10			0

	t V/ Interest Appuit	ine Dovoltic	e and Dant	e Ere	m Controlled Ore	ranizations (ass instru	ıotion	Page 3
Fal	rt VI Interest, Annuit	ies, noyaitie	o, and nent	5 F10		ganizations (see instruntrolled Organizations	iction	5)
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)							-3	
(2)								
(3)								
(4)								
		<u> </u>					W.	
	7. Taxable income	inco	t unrelated me (loss) astructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
	als				), or (17) Organiza 3. Deductions directly connected	line 8, column (A).  0 ation (see instructions)  4. Set-asides (attach statement)	)	Total deductions and set-asides
				(	(attach statement)		(ad	d columns 3 and 4)
(1)								
(2)								
(3)								
(4)							-	
		Enter here	nts in column 2. and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota	als		0					0
Par			ncome, Othe	r Th	an Advertising Inc	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines						2	
3	Expenses directly conne line 10, column (B)					Enter here and on Part I,	3	
4	Net income (loss) from lines 5 through 7						4	
5	Gross income from acti	vity that is not	unrelated bus	iness	income		5	
6	Expenses attributable to						6	
7	Excess exempt expense 4. Enter here and on Pa						7	

	X Advertising Income				
1	Name(s) of periodical(s). Check box if re	eporting two or more period	icals on a consoli	dated basis.	
	A 🗆				
	В 🗆				
	C 🗆				
	D				
nter	amounts for each periodical listed above		<del>-1</del>		
2	Gross advertising income	A	В	С	D
2	Access that strategy and the strategy at the s	57 (41 50) 4 <del>0</del>			
а	Add columns A through D. Enter here ar	nd on Part I, line 11, columr	n (A)		0
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here ar	nd on Part I, line 11, columr	n (B)		0
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete			
5 6 7	Readership costs	ess than 5 is less			
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on			
а	Add line 8, columns A through D. Ent Part II, line 13				
Par	X Compensation of Officers, Di	rectors, and Trustees (	see instructions)		
	1. Name	<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)		_		%	
(2)				%	
(2) (3)				%	
(2) (3) (4)					
(2) (3) (4)	I Enter here and on Part II line 1			% %	
(2) (3) (4) Tota	II. Enter here and on Part II, line 1 .			% %	0
(2) (3) (4) Tota	II. Enter here and on Part II, line 1 .  XI Supplemental Information (se			% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	
(2) (3) (4) Tota				% %	

# Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

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

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

A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903008 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 8 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 0 Gross profit. Subtract line 2 from line 1c . . . 3 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 39,271 39,271 Rent income (Part IV) . . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 Investment income of section 501(c)(7), (9), or (17) 9 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 0 11 11 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . . 13 13 39.271 39,271 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . 2 2 0 3 0 3 4 4 0 Rad debts . . . . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 0 8b 0 Less depreciation claimed in Part III and elsewhere on return. 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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, 16 39.271 17 17 0 Unrelated business taxable income. Subtract line 17 from line 16 39.271 18 For Paperwork Reduction Act Notice, see instructions. Cat. No. 74036O Schedule A (Form 990-T) 2023

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year			7	0
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Par	rt I, line 2	8	0
9	Do the rules of section 263A (with respect to proper				on? 🗌 Yes 🗌 No
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instruction	ns.
	A				
	B				
	<u> </u>				
	D 🗆				
_	Don't work to be seen at	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 (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				+
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	b D. Enter here and a	n Bort I line 6 colu	umn (P)	0
			on Fart I, line 0, cold	IIIII (B)	
Par	`				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See instr	ructions.
	<u>A</u>				
	B				
	D 📙	Α	В	С	D
2	Gross income from or allocable to debt-financed	^	В		
-	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,	-			
	columns A through D)				
4	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	%	%	o,	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I. line 7	olumn (A)	0
	, , , ,	-g., Dj. Littor Horo all			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lin	e 7, column (B)	0
11	Total dividends - received deductions include	ed in line 10			0

_	rt VI Interest, Annuit	ies Rovaltie	e and Rent	e Ero	m Controlled Or	ganizations (see instru	ction	Page 3
га	interest, Amunt	ies, noyalue	s, and henc	3110		ontrolled Organizations	Ction	15)
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction	ss)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with acome in column 5
(1)		*					->	
(2)								
(3)								
(4)		9	2					
<u>V</u>	7. Taxable income	inco	t unrelated me (loss) nstructions)	9	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(1) (2)								
(3)								
(4)								
	als			c	3. Deductions lirectly connected	Enter here and on Part I, line 8, column (A).  0  ation (see instructions)  4. Set-asides (attach statement)	5.	r here and on Part I, ine 8, column (B). 0 Total deductions and set-asides
				(	attach statement)		(ac	ld columns 3 and 4)
(1)								
(2)								
(3)								
	als	Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
		pt Activity I			an Advertising In	L come (see instructions	3)	0
1	Description of exploited	<u> </u>	, •			Table (and mondone		
2	Gross unrelated busines		n trade or busi	ness.	Enter here and on P	art I, line 10, column (A)	2	
3		ected with pro	duction of unre	elated	l business income. E	Enter here and on Part I,	3	
4	Net income (loss) from	unrelated trad	de or business	. Sub	tract line 3 from line	e 2. If a gain, complete		
_	lines 5 through 7						4	
5	Gross income from activ	•					5	
6	Expenses attributable to					than the amount on line	6	
7	4. Enter here and on Pa		ne s from line	o, but	. do not enter more i	man the amount on line	7	

	X Advertising Income				
1	Name(s) of periodical(s). Check box if re	eporting two or more period	icals on a consoli	dated basis.	
	A 🗆				
	В 🗆				
	C 🗆				
	D				
nter	amounts for each periodical listed above		<del>-1</del>		
2	Gross advertising income	A	В	С	D
2	Access that strategy and the strategy at the s	57 (41 50) 4 <del>0</del>			
а	Add columns A through D. Enter here ar	nd on Part I, line 11, columr	n (A)		0
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here ar	nd on Part I, line 11, columr	n (B)		0
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete			
5 6 7	Readership costs	ess than 5 is less			
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on			
а	Add line 8, columns A through D. Ent Part II, line 13				
Par	X Compensation of Officers, Di	rectors, and Trustees (	see instructions)		
	1. Name	<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)		_		%	
(2)				%	
(2) (3)				%	
(2) (3) (4)					
(2) (3) (4)	I Enter here and on Part II line 1			% %	
(2) (3) (4) Tota	II. Enter here and on Part II, line 1 .			% %	0
(2) (3) (4) Tota	II. Enter here and on Part II, line 1 .  XI Supplemental Information (se			% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	
(2) (3) (4) Tota				% %	

# Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

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

2023

501(c)(3) Organizations Only

A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903009 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 9 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 0 Gross profit. Subtract line 2 from line 1c . . . 3 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . . 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 (25,009)(25,009)Rent income (Part IV) . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 0 11 11 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . . 13 13 (25.009)(25,009)Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . 2 2 0 3 0 3 4 4 0 Rad debts . . . . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 0 8b 0 Less depreciation claimed in Part III and elsewhere on return. 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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, 16 (25,009)17 17 0 Unrelated business taxable income. Subtract line 17 from line 16 (25.009)18 For Paperwork Reduction Act Notice, see instructions. Cat. No. 74036O Schedule A (Form 990-T) 2023

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year			7	0
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Par	rt I, line 2	8	0
9	Do the rules of section 263A (with respect to proper				on? 🗌 Yes 🗌 No
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instruction	ns.
	A				
	B				
	<u> </u>				
	D 🗆				
_	Don't work to be seen at	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 (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				+
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	b D. Enter here and a	n Bort I line 6 colu	umn (P)	0
			on Fart I, line 0, cold	IIIII (B)	
Par	`				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See instr	ructions.
	<u>A</u>				
	B				
	D 📙	Α	В	С	D
2	Gross income from or allocable to debt-financed	^	В		
-	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,	-			
	columns A through D)				
4	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	%	%	o,	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I. line 7	olumn (A)	0
	, , , ,	-g., Dj. Littor Horo all			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lin	e 7, column (B)	0
11	Total dividends - received deductions include	ed in line 10			0

	ule A (Form 990-1) 2023							Page 3
Par	t VI Interest, Annuit	ies, Royaitie	es, and Rents	s Fro		ganizations (see instru	iction	S)
					Exempt Co	ntrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	1	Deductions directly connected with come in column 5
(1)		*			<del> </del>			
(2)								
(3)					<del>-</del>			
(4)							ĺ	
			•				40	
	7. Taxable income	inco	t unrelated me (loss) nstructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)					<del></del>			
(4)								
Tota Par				(	3. Deductions directly connected	line 8, column (A).  0 ation (see instructions)  4. Set-asides (attach statement)	5.	Total deductions and set-asides
				_ '	(attach statement)		(ac	d columns 3 and 4)
(1)								
(2)							-	
(3)							-	
(4)		Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota			0					0
Part			ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines	ss income fron	n trade or busi	ness.	Enter here and on P	art I, line 10, column (A)	2	
3	Expenses directly conne line 10, column (B)					Enter here and on Part I,	3	
4	Net income (loss) from							
	lines 5 through 7						4	
5	Gross income from acti	•					5	
6	Expenses attributable to						6	
7	Excess exempt expense 4. Enter here and on Pa			6, bu	t do not enter more t	than the amount on line	7	

	X Advertising Income				
1	Name(s) of periodical(s). Check box if re	eporting two or more period	icals on a consoli	dated basis.	
	A 🗆				
	В 🗆				
	C 🗆				
	D				
nter	amounts for each periodical listed above		<del>-1</del>		
2	Gross advertising income	A	В	С	D
2	Access that strategy and the strategy at the s	57 (41 50) (4 <del>5</del> 26 9374 (5) 10049 (5) 100			
а	Add columns A through D. Enter here ar	nd on Part I, line 11, columr	n (A)		0
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here ar	nd on Part I, line 11, columr	n (B)		0
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete			
5 6 7	Readership costs	ess than 5 is less			
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on			
а	Add line 8, columns A through D. Ent Part II, line 13				
Par	X Compensation of Officers, Di	rectors, and Trustees (	see instructions)		
	1. Name	<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)		_		%	
(2)				%	
(2) (3)				%	
(2) (3) (4)					
(2) (3) (4)	I Enter here and on Part II line 1			% %	
(2) (3) (4) Tota	II. Enter here and on Part II, line 1 .			% %	0
(2) (3) (4) Tota	II. Enter here and on Part II, line 1 .  XI Supplemental Information (se			% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	
(2) (3) (4) Tota				% %	

# Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

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

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

A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903010 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 10 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 0 Gross profit. Subtract line 2 from line 1c . . . 3 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 (150, 107)(150, 107)Rent income (Part IV) . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 Investment income of section 501(c)(7), (9), or (17) 9 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 0 11 11 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . . 13 13 (150,107) Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . 2 2 0 3 0 3 4 4 0 Rad debts . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 0 8b 0 Less depreciation claimed in Part III and elsewhere on return. 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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, 16 (150, 107)17 17 0 Unrelated business taxable income. Subtract line 17 from line 16 (150.107)18 For Paperwork Reduction Act Notice, see instructions. Cat. No. 74036O Schedule A (Form 990-T) 2023

Pari	Cost of Goods Sold Enter me	thod of inventory val	uation		94
1	Inventory at beginning of year			1	0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			CALL DESCRIPTION OF THE PARTY O	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 prop				
_	Rent Income (From Real Property an				r L tes L No
1	Description of property (property street address,				
	A 🗆		· Court of the cou		
	B -				
		<del></del>			
	D 🗆		-	•	
_	Post and the Landson of	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, colum	ns A through D. Enter	here and on Part I. I	ine 6. column (A)	0
			,	,	
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A throug	h D. Enter here and o	on Part I, line 6, colu	ımn (B)	0
Par	V Unrelated Debt-Financed Income (se	a instructions)			
1	Description of debt-financed property (street add		code) Check if a d	ual-use See instruc	etions
•	A	-	codej. Oncok ii a d	dai doc. occ motrac	tions.
	B -				
	c □				
	D $\square$				
		Α	В	С	D
2	Gross income from or allocable to debt-financed		_		
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6		,,,	70	
8	Total gross income (add line 7, columns A through	ugh D). Enter here an	id on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I lin	ie 7. column (R)	0
11	Total dividends — received deductions include	_		•	
	Total dividends — received deductions include				U

	rt V Interest, Annuit	tice Povaltic	e and Dont	Ero	m Controlled Or	ganizations (see instru	Page 3
Pa	interest, Annuit	lies, Royallie	s, and Rent	s Fro		ntrolled Organizations	ictions)
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							15
(2)							
(3)		1		Į			
(4)		8	is a second				
<u> </u>				ï		·	_
	7. Taxable income	inco	t unrelated me (loss) astructions)	9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
	als		·· <u>· ·</u>		· · · · · ·	Enter here and on Part I, line 8, column (A).	Enter here and on Part I, line 8, column (B).
Par		ome of a Sec	ction 501(c)(	7), (9	), or (17) Organiza	ation (see instructions)	)
	Description of income	2. Amou	int of income	1	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	als		0				0
Par	-	<u> </u>	ncome, Othe	r Th	an Advertising In	<b>come</b> (see instructions	5)
1	Description of exploited						
2						art I, line 10, column (A)	2
3	line 10, column (B)						3
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4
5	Gross income from act	•					5
6	Expenses attributable t						6
7	Excess exempt expens 4. Enter here and on Pa					than the amount on line	7

Part	X Advertising Income				
1	Name(s) of periodical(s). Check box if report	ting two or more periodic	als on a consolic	dated basis.	*
	A 🗆	Charles and the control of the control of the control of			
	B 🗆	· · · · · · · · · · · · · · · · · · ·			
	c 🗆				78
	D 🗆				-
Enter	amounts for each periodical listed above in the	he corresponding column	1.		
	:	A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and o	on Part I, line 11, column	(A)		0
3	Direct advertising costs by periodical .				
а	Add columns A through D. Enter here and o	on Part I, line 11, column	(B)		0
4	Advertising gain (loss). Subtract line 3 from 2. For any column in line 4 showing a goomplete lines 5 through 8. For any column line 4 showing a loss or zero, do not complines 5 through 7, and enter -0- on line 8	gain, In in			
5 6 7	Readership costs	than less			
8	Excess readership costs allowed as deduction. For each column showing a gair line 4, enter the lesser of line 4 or line 7.	s a n on			
а	Add line 8, columns A through D. Enter the Part II, line 13	_			
Par	Compensation of Officers, Direct				
	1. Name	2. Title		3. Percentage of time devoted to business	Compensation     attributable to     unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
•			l		
Tota	I. Enter here and on Part II, line 1				0
Part	X Supplemental Information (see in	nstructions)			
	( )				

# Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

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

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

A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903011 20 11 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 11 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 Gross profit. Subtract line 2 from line 1c. . . 3 0 0 3 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . . . . (10,720)(10,720)4a Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 4c Capital loss deduction for trusts . . . . . Income (loss) from a partnership or an S corporation (attach 5 statement) 5 (165,898)(165,898)Rent income (Part IV) . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 0 11 11 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . . 13 13 (176.618)Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . . 0 2 2 3 0 3 4 4 0 . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 Less depreciation claimed in Part III and elsewhere on return . 0 8b 0 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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, 16 (176,618)17 17 0 Unrelated business taxable income. Subtract line 17 from line 16 (176,618)18 For Paperwork Reduction Act Notice, see instructions. Cat. No. 74036O Schedule A (Form 990-T) 2023

	e A (Form 990-1) 2023				Page Z
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)			The state of the s	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 prop				? Yes No
12	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-u	se. See instructions.	•
	<u>A</u>				
	B 🗆				
	D 🗆	_	-	•	
_	Doub mare band on accounted	Α	В	С	D
2	Rent received or accrued From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
U	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				
	, ad miles Ed dire Es, estamme / time dgir E				
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0
4	Deductions directly connected with the income				
•	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	h D. Enter here and o	on Part I, line 6, colu	ımn (B)	0
Par	Unrelated Debt-Financed Income (se	e instructions)			_
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	lual-use. See instruc	ctions.
	<b>A</b> □	• • •	•		
	В 🗌				
	C □				
	D 🗆				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%_
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through	ugh D). Enter here an	nd on Part I. line 7. d	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include			•	0
	TOTAL MINING THE TENERAL DECINED DESCRIPTION OF THE SHARE				U

	rt V Interest, Annuit	tice Povaltic	e and Dont	Ero	m Controlled Or	ganizations (see instru	Page 3
Pa	interest, Annuit	lies, Royallie	s, and Rent	s Fro		ntrolled Organizations	ictions)
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							15
(2)							
(3)		1		Į			
(4)		8	is a second				
<u> </u>				ï		·	<u> </u>
	7. Taxable income	inco	t unrelated me (loss) astructions)	9	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
	als		·· <u>· ·</u>		· · · · · ·	Enter here and on Part I, line 8, column (A).	Enter here and on Part I, line 8, column (B).
Par		ome of a Sec	ction 501(c)(	7), (9	), or (17) Organiza	ation (see instructions)	)
	Description of income	2. Amou	int of income	1	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	als		0				0
Par	-	<u> </u>	ncome, Othe	r Th	an Advertising In	<b>come</b> (see instructions	5)
1	Description of exploited						
2						art I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part line 10, column (B)						3
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4
5	Gross income from act	•					5
6	Expenses attributable t						6
7	Excess exempt expens 4. Enter here and on Pa					than the amount on line	7

Part	X Advertising Income				
1	Name(s) of periodical(s). Check box if report	ting two or more periodic	als on a consolic	dated basis.	*
	A 🗆	Charles and the control of the control of the control of			
	B 🗆	· · · · · · · · · · · · · · · · · · ·			
	c 🗆				78
	D 🗆				-
Enter	amounts for each periodical listed above in the	he corresponding column	1.		
	:	A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and o	on Part I, line 11, column	(A)		0
3	Direct advertising costs by periodical .				
а	Add columns A through D. Enter here and o	on Part I, line 11, column	(B)		0
4	Advertising gain (loss). Subtract line 3 from 2. For any column in line 4 showing a goomplete lines 5 through 8. For any column line 4 showing a loss or zero, do not complines 5 through 7, and enter -0- on line 8	gain, In in			
5 6 7	Readership costs	than less			
8	Excess readership costs allowed as deduction. For each column showing a gair line 4, enter the lesser of line 4 or line 7.	s a n on			
а	Add line 8, columns A through D. Enter the Part II, line 13	_			
Par	Compensation of Officers, Direct				
	1. Name	2. Title		3. Percentage of time devoted to business	Compensation     attributable to     unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
•			l		
Tota	I. Enter here and on Part II, line 1				0
Part	X Supplemental Information (see in	nstructions)			
	( )				

# Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

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

2023

501(c)(3) Organizations Only

A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903012 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 12 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 0 Gross profit. Subtract line 2 from line 1c . . . 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 (136,584)(136,584)Rent income (Part IV) . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 Investment income of section 501(c)(7), (9), or (17) 9 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 0 11 11 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . . 13 13 (136.584)(136,584)Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . 2 2 0 3 0 3 4 4 0 . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 0 8b 0 Less depreciation claimed in Part III and elsewhere on return. 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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, 16 (136,584)17 17 0 Unrelated business taxable income. Subtract line 17 from line 16 (136.584)18

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year			7	0
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Par	rt I, line 2	8	0
9	Do the rules of section 263A (with respect to proper				on? 🗌 Yes 🗌 No
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instruction	ns.
	A				
	B				
	<u> </u>				
	D 🗆				
_	Don't work to be seen at	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 (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				+
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	b D. Enter here and a	n Bort I line 6 colu	umn (P)	0
			on Fart I, line 0, cold	IIIII (B)	
Par	`				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See instr	ructions.
	<u>A</u>				
	B				
	D 📙	Α	В	С	D
2	Gross income from or allocable to debt-financed	^	В		
-	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,	-			
	columns A through D)				
4	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	%	%	o,	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I. line 7	olumn (A)	0
	, , , ,	-g., Dj. Littor Horo all			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lin	e 7, column (B)	0
11	Total dividends - received deductions include	ed in line 10			0

	Iule A (Form 990-T) 2023						Page 3
Pa	rt VI Interest, Annuit	ies, Royaltie	s, and Rent	s Fro		<b>ganizations</b> (see instru	ictions)
				9	Exempt Co	ntrolled Organizations	
	Name of controlled organization      organization      organization      organization      organization      organization		3. Net unrelated income (loss) (see instructions)		Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
_		5%					8
	7. Taxable income	inco	unrelated me (loss) estructions)		Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
Tot		ome of a Se		 7), (9		Enter here and on Part I, line 8, column (A).  0 ation (see instructions)	-
	1. Description of income		nt of income	,, (-	3. Deductions	4. Set-asides	5. Total deductions
	1. Description of moone	Z. Allio	int of income	1	directly connected attach statement)	(attach statement)	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).
Tot	als		0				0
Par	t VIII Exploited Exem	pt Activity I	ncome, Othe	r Th	an Advertising In	come (see instructions	s)
1	Description of exploited	activity:					
2	Gross unrelated busines	ss income fron	n trade or busi	ness.	Enter here and on P	art I, line 10, column (A)	2
3	Expenses directly conneline 10, column (B)					Enter here and on Part I,	3
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4
5	Gross income from acti						5
6	Expenses attributable to	•					6
7						than the amount on line	
	4. Enter here and on Pa	7					

Part	Advertising Income					-
1	Name(s) of periodical(s). Check box if re	porting two or more	periodic	als on a consolid	dated basis	
P.	A 🗆	2013 SAN POOL #1 COOK SAN	and the second	alo on a concom	action buolo.	
	<b>P</b> —					
	C					
	<b>D</b>		_			
nter	amounts for each periodical listed above	in the corresponding	a column	i		
	amounts for each periodical listed above	A		. В	С	D
2	Gross advertising income					
a	Add columns A through D. Enter here ar	nd on Part I, line 11,	column	(A)		. 0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here ar	nd on Part I, line 11,	, column	(B)		. 0
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, lumn in omplete				
5 6 7	Readership costs	ss than is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. Ent Part II, line 13	_				
Par	Compensation of Officers, Di	rectors, and Trus	stees (se	ee instructions)		
	1. Name	:	2. Title		3. Percentage of time devoted to business	Compensation     attributable to     unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Tota	II. Enter here and on Part II, line 1 .					0
Part	Supplemental Information (se	e instructions)				
	,	,				
					·	·

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

OMB No. 1545-0047

Department of the Treasury

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Internal Revenue Service A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 13 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance b Less returns and allowances 1c Cost of goods sold (Part III, line 8) . . . . . . . . . . . Gross profit. Subtract line 2 from line 1c. . . . . Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . Net gain (loss) (Form 4797) (attach Form 4797). See 4h Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach statement) . . . . . . . . . . . . . . . . n n Unrelated debt-financed income (Part V) . . . . . . Interest, annuities, royalties, and rents from a controlled Investment income of section 501(c)(7), (9), or (17) Exploited exempt activity income (Part VIII) . . . . . . Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . Salaries and wages . Interest (attach statement). See instructions Taxes and licenses . . . . . . . . . . . . . . . . Depreciation (attach Form 4562). See instructions . . . . . 8b Less depreciation claimed in Part III and elsewhere on return. Contributions to deferred compensation plans . . . . Employee benefit programs . . . . . . . . . . . . . Excess exempt expenses (Part VIII) . . . . . . . Excess readership costs (Part IX) . . . . . . . . . . Total deductions. Add lines 1 through 14 . . . . . Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Cat. No. 74036O

Schedule A (Form 990-T) 2023

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year			7	0
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Par	rt I, line 2	8	0
9	Do the rules of section 263A (with respect to proper				on? 🗌 Yes 🗌 No
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instruction	ns.
	A				
	B				
	<u> </u>				
	D 🗆				
_	Don't work to be seen at	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 (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				+
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	b D. Enter here and a	n Bort I line 6 colu	umn (P)	0
			on Fart I, line 0, cold	IIIII (B)	
Par	`				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See instr	ructions.
	<u>A</u>				
	B				
	D 📙	Α	В	С	D
2	Gross income from or allocable to debt-financed	^	В		
-	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,	-			
	columns A through D)				
4	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	%	%	o,	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I. line 7	olumn (A)	0
	, , , ,	-g., Dj. Littor Horo all			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lin	e 7, column (B)	0
11	Total dividends - received deductions include	ed in line 10			0

_	rt VI Interest, Annuit	ies Rovaltie	e and Rent	e Ero	m Controlled Or	ganizations (see instru	ction	Page 3
га	interest, Amunt	ontrolled Organizations	Ction	15)				
	Name of controlled organization	2. Employer identification number	on income (loss		Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)		*					->	
(2)								
(3)								
(4)		9	2					
<u>V</u>	7. Taxable income	inco			Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(1) (2)								
(3)								
(4)								
	als			c	3. Deductions lirectly connected	Enter here and on Part I, line 8, column (A).  0  ation (see instructions)  4. Set-asides (attach statement)	5.	r here and on Part I, ine 8, column (B). 0 Total deductions and set-asides
				(	attach statement)		(ac	ld columns 3 and 4)
(1)								
(2)								
(3)								
	als	Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
		pt Activity I			an Advertising In	L come (see instructions	3)	0
1	Description of exploited	<u> </u>	, •			Table (and mondone		
2	Gross unrelated busines		n trade or busi	ness.	Enter here and on P	art I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)						3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete							
_	lines 5 through 7						4	
5	Gross income from activ	•					5	
6	Expenses attributable to						6	
7	4. Enter here and on Pa	empt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line ere and on Part II. line 12					7	

Part	X Advertising Income		·			
1	Name(s) of periodical(s). Check box if re	eporting t	wo or more periodic	als on a consoli	dated basis.	
	A 🗆					
	В 🗆					
	C 🗆					
	D 🗆					
Enter	amounts for each periodical listed above	in the co		l		
2	Gross advertising income		A	В	С	D
-			9 125 125 12	200		
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 fi 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete				
5 6 7	Readership costs	ess than 5 is less				
8	than line 6, enter -0	as a gain on				
а	Add line 8, columns A through D. En Part II, line 13					
Par	Compensation of Officers, Di	irectors	, and Trustees (se	ee instructions	)	
	1. Name		<b>2.</b> 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 .					
	XI Supplemental Information (se					0
rait	Supplemental information (se	e ii isti u	Clions)			

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A Name of the organization

**CHARLES KOCH FOUNDATION** 

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

Open to Public Inspection for 501(c)(3) Organizations Only B Employer identification number

48-0918408

C Un	related business activity code (see instructions)		903014	D Sequ	ence:	14 of	20
E De	scribe the unrelated trade or business FUND 14						
Pa	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		ס			
2	Cost of goods sold (Part III, line 8)	2		0			
3	Gross profit. Subtract line 2 from line 1c	3		0			0
4a							
	Form 1120)). See instructions	4a		0			0
b	Net gain (loss) (Form 4797) (attach Form 4797). See						
	instructions	4b		ס			0
C	Capital loss deduction for trusts	4c	(	)			0
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5		0			0
6	Rent income (Part IV)	6	(	)		0	0
7	Unrelated debt-financed income (Part V)	7	(	)		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	· ·	)		0	0
Par	<b>Deductions Not Taken Elsewhere.</b> See instruction directly connected with the unrelated business inco		limitations on de	duction	s. Deduct	ions 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		1 1		0		
8	Less depreciation claimed in Part III and elsewhere on return.				0 <b>8</b> b	,	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	2	0
13	Excess readership costs (Part IX)				. 13	3	0
14	Other deductions (attach statement)				. 14		0
15	Total deductions. Add lines 1 through 14				. 15	j	0
16	Unrelated business income before net operating loss deduction						
	column (C)				· 16	3	0
17	Deduction for net operating loss. See instructions				. 17	·	0
18	Unrelated business taxable income. Subtract line 17 from lin					3	0
For Pa	aperwork Reduction Act Notice, see instructions.	Ca	at. No. 74036O		Sch	edule A (Form	990-T) 2023

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year			7	0
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Par	rt I, line 2	8	0
9	Do the rules of section 263A (with respect to proper				on? 🗌 Yes 🗌 No
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instruction	ns.
	A				
	B				
	<u> </u>				
	D 🗆				
_	Don't work to be seen at	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 (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				+
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	b D. Enter here and a	n Bort I line 6 colu	umn (P)	0
			on Fart I, line 0, cold	IIIII (B)	
Par	`				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See instr	ructions.
	<u>A</u>				
	B				
	D 📙	Α	В	С	D
2	Gross income from or allocable to debt-financed	^	В		
-	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,	-			
	columns A through D)				
4	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	%	%	o,	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I. line 7	olumn (A)	0
	, , , ,	-g., Dj. Littor Horo all			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lin	e 7, column (B)	0
11	Total dividends - received deductions include	ed in line 10			0

	t VI Interest, Annuit	ies. Rovaltie	s. and Rents	s Fro	m Controlled Ord	ganizations (see instru	ıction	s)
	microsi, raman	,	-,			ntrolled Organizations	.5	~,
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	1	Deductions directly connected with come in column 5
(1)					_			
(2)					<del>-</del>			
(3)								
(4)								
	·	89					100	
	7. Taxable income	inco	unrelated ne (loss) tructions)		. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10	
(1)								
(2)								
(3)								
(4)								
Tota Par					), or (17) Organiza 3. Deductions directly connected	line 8, column (A).  0 ation (see instructions) 4. Set-asides (attach statement)	)	er here and on Part I, ine 8, column (B). 0 Total deductions and set-asides
					(attach statement)	,	(ad	d columns 3 and 4)
(1)					<del></del>			
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota			0					0
	•		ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines						2	
3	Expenses directly conne line 10, column (B)						3	
4	Net income (loss) from					0 ,		
_	lines 5 through 7						4	
5	Gross income from activ	-					5	
6	Expenses attributable to						6	
7	Excess exempt expense 4. Enter here and on Pa						7	

Part	Advertising Income				-
1	Name(s) of periodical(s). Check box if re	porting two or more periodi	cals on a consolic	dated basis	
P.	A 🗆	- AUGUS DOMES LINES INC. INC. BOOK NOT COMPANY ON THE STATE OF THE STA	odio on a conconc	action buolo.	
	<b>P</b> —				
	C				
	<b>D</b>				
nter	amounts for each periodical listed above	in the corresponding colum	ın		
	amounts for each periodical listed above	A	В	С	D
2	Gross advertising income				
a	Add columns A through D. Enter here ar	nd on Part I, line 11, column	(A)		. 0
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here ar	nd on Part I, line 11, column	(B)		0
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete			
5 6 7	Readership costs	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	gain on			
а	Add line 8, columns A through D. Ent Part II, line 13	ter the greater of the line			
Par	Compensation of Officers, Di	rectors, and Trustees (s	see instructions)		
	1. Name	<b>2.</b> 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
Part	Supplemental Information (se	e instructions)			
	,	,			
				·	

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

OMB No. 1545-0047

Department of the Treasury

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Internal Revenue Service A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 901101 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 15 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 0 Gross profit. Subtract line 2 from line 1c . . . 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . . 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 416,352 416,352 Rent income (Part IV) . . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 Investment income of section 501(c)(7), (9), or (17) 9 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 11 11 0 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . . 13 13 416.352 416.352 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . 2 2 0 3 0 3 4 4 0 Rad debts . . . . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 6 117,339 7 Depreciation (attach Form 4562). See instructions . . . . 8 0 8b Less depreciation claimed in Part III and elsewhere on return. 0 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 4,498 14 14 15 Total deductions. Add lines 1 through 14 . . . . 15 121,837 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 294.515

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Cat. No. 74036O

Schedule A (Form 990-T) 2023

0 294.515

17

18

17

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)			The second secon	0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year			7	0
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Par	rt I, line 2	8	0
9	Do the rules of section 263A (with respect to proper				on? Yes No
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instruction	ns.
	A 🗆				
	B				
	<u> </u>				
	D 🗆				
_		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				
<b>L</b>	*	-			
b	From real and personal property (if the percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
•	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions Add line 4 columns A through	h D. Enter here and a	n Dort Lline 6 cel	uman (D)	0
3	Total deductions. Add line 4, columns A through		on Fart I, line 6, cold	IIIII (b)	
Par	`				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See instr	ructions.
	<u>A</u>				
	B				
	D 🗆	Α	В	С	D
2	Gross income from or allocable to debt-financed	Α	В	<u> </u>	— <del>U</del>
_	property				
3	Deductions directly connected with or allocable				<del> </del>
-	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				+
	columns A through D)				
4	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	%	%	9,	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	igh D). Enter here an	d on Part I line 7	olumn (A)	0
	, , , ,	ugii Dj. Eliter liere ali	on Fait i, fille 7, 0	Ciditiii (A)	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lin	e 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

	IN A (Form 990-1) 2023	ios Dovoltis	a and Dante	- Ero	m Controlled Ore	vaninations /oos instru	Page 3		
Par	Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)  Exempt Controlled Organizations								
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5		
(1)		×							
(2)				İ					
(3)									
(4)									
		5%					20		
	7. Taxable income	inco	t unrelated 9 me (loss) nstructions)		Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10		
(1)									
(2)									
(3)									
(4)									
Tota						Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Par	VII Investment Inco	ome of a Sec	ction 501(c)(7	7), (9	), or (17) Organiza	ation (see instructions)			
	1. Description of income		nt of income	d	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		
Part	-	<u> </u>	ncome, Othe	r Th	an Advertising In	<b>come</b> (see instructions	5)		
1	Description of exploited								
2	Gross unrelated busines	ss income fron	n trade or busii	ness.	Enter here and on P	art I, line 10, column (A)	2		
3	Expenses directly conne line 10, column (B)						3		
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4		
5	Gross income from acti						5		
6		•					6		
7							7		

للتام	X Advertising Income				
1	Name(s) of periodical(s). Check box if re	eporting two or more period	licals on a consoli	dated basis.	
	A 🗆				
	В 🗆				
	C 🗆				
	D				
nter	amounts for each periodical listed above				
2	Gross advertising income	A	В	С	D
2	Acceptable of the American Control of the Control o	50 90 500 500 800 800 900 page	10000		
а	Add columns A through D. Enter here a	nd on Part I, line 11, colum	n (A)		0
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here a	nd on Part I, line 11, colum	n (B)		0
4	Advertising gain (loss). Subtract line 3 fi 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete			
5 6 7	Readership costs	ess than 5 is less			
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on			
а	Add line 8, columns A through D. Engart II, line 13				
Par	t X Compensation of Officers, Di	irectors, and Trustees	see instructions		
	1. Name	<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	I Enter here and on Part II line 1				•
	II. Enter here and on Part II, line 1 .				0
	II. Enter here and on Part II, line 1 .  Supplemental Information (see				0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0

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

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

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903016 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 16 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 Gross profit. Subtract line 2 from line 1c. . . 3 0 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . 157,973 157,973 4a Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 664,747 664,747 Rent income (Part IV) . . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 11 11 0 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . . 13 13 822,720 822,720 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . 2 2 0 3 0 3 4 4 0 Rad debts . . . . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 Less depreciation claimed in Part III and elsewhere on return . 0 8b 0 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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,

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Cat. No. 74036O

Schedule A (Form 990-T) 2023

822,720

822,720

0

17

18

16

17

Schedule A (Form 990-T) 2023 Page **2** 

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year			7	0
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Par	rt I, line 2	8	0
9	Do the rules of section 263A (with respect to proper				on? 🗌 Yes 🗌 No
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instruction	ns.
	A				
	B				
	<u> </u>				
	D 🗆				
_	Don't work to be seen at	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 (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				+
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	b D. Enter here and a	n Bort I line 6 colu	umn (P)	0
			on Fart I, line 0, cold	IIIII (B)	
Par	`				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See instr	ructions.
	<u>A</u>				
	B				
	D 📙	Α	В	С	D
2	Gross income from or allocable to debt-financed	^	В		
-	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,	-			
	columns A through D)				
4	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	%	%	o,	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I. line 7	olumn (A)	0
	, , , ,	-g., Dj. Littor Horo all			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lin	e 7, column (B)	0
11	Total dividends - received deductions include	ed in line 10			0

	ule A (Form 990-1) 2023							Page 3
Par	t VI Interest, Annuit	ies, Royaitie	es, and Rents	s Fro		ganizations (see instru	iction	S)
					Exempt Co	ntrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	1	Deductions directly connected with come in column 5
(1)		*			<del> </del>			
(2)								
(3)					<del>-</del>			
(4)							ĺ	
			•				40	
	7. Taxable income	inco	Net unrelated ncome (loss) ee instructions)		. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)					<del></del>			
(4)								
Tota Par				(	3. Deductions directly connected	line 8, column (A).  0 ation (see instructions)  4. Set-asides (attach statement)	5.	Total deductions and set-asides
					(attach statement)		(ac	d columns 3 and 4)
(1)								
(2)							-	
(3)							-	
(4)		Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota			0					0
Part			ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines	ss income fron	n trade or busi	ness.	Enter here and on P	art I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)						3	
4	Net income (loss) from							
	lines 5 through 7						4	
5	Gross income from acti	•					5	
6	Expenses attributable to						6	
7	Excess exempt expense 4. Enter here and on Pa			6, bu	t do not enter more t	than the amount on line	7	

	X Advertising Income				
1	Name(s) of periodical(s). Check box if re	eporting two or more period	icals on a consoli	dated basis.	
	A 🗆				
	В 🗆				
	C 🗆				
	D				
nter	amounts for each periodical listed above		<del>-1</del>		
2	Gross advertising income	A	В	С	D
2	Access that strategy and the strategy at the s	57 (41 50) 4 <del>0</del>			
а	Add columns A through D. Enter here ar	nd on Part I, line 11, columr	n (A)		0
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here ar	nd on Part I, line 11, columr	n (B)		0
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete			
5 6 7	Readership costs	ess than 5 is less			
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on			
а	Add line 8, columns A through D. Ent Part II, line 13				
Par	X Compensation of Officers, Di	rectors, and Trustees (	see instructions)		
	1. Name	<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)		_		%	
(2)				%	
(2) (3)				%	
(2) (3) (4)					
(2) (3) (4)	I Enter here and on Part II line 1			% %	
(2) (3) (4) Tota	II. Enter here and on Part II, line 1 .			% %	0
(2) (3) (4) Tota	II. Enter here and on Part II, line 1 .  XI Supplemental Information (se			% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	0
(2) (3) (4) Tota				% %	
(2) (3) (4) Tota				% %	

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

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

OMB No. 1545-0047

Department of the Treasury

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903017 17 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 17 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 Gross profit. Subtract line 2 from line 1c. . . 3 0 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . 381 381 4a Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 4c Capital loss deduction for trusts . . . . . Income (loss) from a partnership or an S corporation (attach 5 statement) 5 (5,433)(5,433)Rent income (Part IV) . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 Investment income of section 501(c)(7), (9), or (17) 9 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 0 11 11 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . . 13 13 (5.052)(5,052)Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . . 2 2 0 3 0 3 4 4 0 . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 0 8b 0 Less depreciation claimed in Part III and elsewhere on return. 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 Total deductions. Add lines 1 through 14 . . . . 15 15 0 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 (5,052)17 17 0

Unrelated business taxable income. Subtract line 17 from line 16

(5.052)

18

Schedule A (Form 990-T) 2023 Page **2** 

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year			7	0
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Par	rt I, line 2	8	0
9	Do the rules of section 263A (with respect to proper				on? 🗌 Yes 🗌 No
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instruction	ns.
	A				
	B				
	<u> </u>				
	D 🗆				
_	Don't work to be seen at	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 (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				+
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	b D. Enter here and a	n Bort I line 6 colu	umn (P)	0
			on Fart I, line 0, cold	IIIII (B)	
Par	`				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See instr	ructions.
	<u>A</u>				
	B				
	D 📙	Α	В	С	D
2	Gross income from or allocable to debt-financed	^	В		
-	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,	-			
	columns A through D)				
4	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	%	%	o,	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I. line 7	olumn (A)	0
	, , , ,	-g., Dj. Littor Horo all			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lin	e 7, column (B)	0
11	Total dividends - received deductions include	ed in line 10			0

	rt V Interest, Annuit	tice Povaltic	e and Dont	Ero	m Controlled Or	ganizations (see instru	Page 3
Pa	interest, Annuit	lies, Royallie	s, and Rent	s Fro		ntrolled Organizations	ictions)
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							15
(2)							
(3)		1		Į			
(4)		8	is a second				
<u> </u>				ï		·	<u> </u>
	7. Taxable income	inco	t unrelated me (loss) astructions)	9	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
	als		·· <u>· ·</u>		· · · · · ·	Enter here and on Part I, line 8, column (A).	Enter here and on Part I, line 8, column (B).
Par		ome of a Sec	ction 501(c)(	7), (9	), or (17) Organiza	ation (see instructions)	)
	Description of income	2. Amou	int of income	1	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	als		0				0
Par	-	<u> </u>	ncome, Othe	r Th	an Advertising In	<b>come</b> (see instructions	5)
1	Description of exploited						
2						art I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)						3
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4
5	Gross income from act	•					5
6	Expenses attributable t						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 two or more	periodic	als on a consolid	dated basis	
P.	A 🗆	2013 SAN PRODUCTION SAN SAN SAN SAN SAN SAN SAN SAN SAN SA	and the second	alo on a concom	action buolo.	
	<b>P</b> —					
	C					
	<b>D</b>		_			
nter	amounts for each periodical listed above	in the corresponding	a column	i		
	amounts for each periodical listed above	A		. В	С	D
2	Gross advertising income					
a	Add columns A through D. Enter here ar	nd on Part I, line 11,	column	(A)		. 0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here ar	nd on Part I, line 11,	, column	(B)		. 0
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, lumn in omplete				
5 6 7	Readership costs	ss than is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. Ent Part II, line 13	_				
Par	Compensation of Officers, Di	rectors, and Trus	stees (se	ee instructions)		
	1. Name	:	2. Title		3. Percentage of time devoted to business	Compensation     attributable to     unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Tota	II. Enter here and on Part II, line 1 .					0
Part	Supplemental Information (se	e instructions)				
	,	,				
					·	·

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

# Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

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

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

A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 18 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance b Less returns and allowances 1c Cost of goods sold (Part III, line 8) . . . . . . . . . . . Gross profit. Subtract line 2 from line 1c. . . . . Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . Net gain (loss) (Form 4797) (attach Form 4797). See 4h Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach statement) . . . . . . . . . . . . . . . . n n Unrelated debt-financed income (Part V) . . . . . . Interest, annuities, royalties, and rents from a controlled Investment income of section 501(c)(7), (9), or (17) Exploited exempt activity income (Part VIII) . . . . . . Advertising income (Part IX) . . . . . . . . . . . . Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) . Salaries and wages . Interest (attach statement). See instructions Taxes and licenses . . . . . . . . . . . . . . . . Depreciation (attach Form 4562). See instructions . . . . . 8b Less depreciation claimed in Part III and elsewhere on return . Contributions to deferred compensation plans . . . . Employee benefit programs . . . . . . . . . . . . . Excess exempt expenses (Part VIII) . . . . . . . Excess readership costs (Part IX) . . . . . . . . . . Total deductions. Add lines 1 through 14 . . . . . Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, Unrelated business taxable income. Subtract line 17 from line 16 

Pari	Cost of Goods Sold Enter me	thod of inventory val	uation		94
1	Inventory at beginning of year			1	0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			CALL DESCRIPTION OF THE PARTY O	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 prop				
_	Rent Income (From Real Property an				r L tes L No
1	Description of property (property street address,				
	A 🗆		· Court of the cou		
	B -				
		<del></del>			
	D 🗆		-	•	
_	Post and the Landson of	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, colum	ns A through D. Enter	here and on Part I. I	ine 6. column (A)	0
			,	,	
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A throug	h D. Enter here and o	on Part I, line 6, colu	ımn (B)	0
Par	V Unrelated Debt-Financed Income (se	a instructions)			
1	Description of debt-financed property (street add		code) Check if a d	ual-use See instruc	etions
•	A	-	codej. Oncok ii a d	dai doc. occ motrac	tions.
	B				
	c □				
	D $\square$				
		Α	В	С	D
2	Gross income from or allocable to debt-financed		_		
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6		,,,	70	
8	Total gross income (add line 7, columns A through	ugh D). Enter here an	id on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I lin	ie 7. column (R)	0
11	Total dividends — received deductions include	_		•	
	Total dividends — received deductions include	Ja 111 1111 10			U

	ule A (Form 990-1) 2023							Page 3
Par	t VI Interest, Annuit	ies, Royaitie	es, and Rents	s Fro		ganizations (see instru	iction	S)
					Exempt Co	ntrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	1	Deductions directly connected with come in column 5
(1)		*			<del> </del>			
(2)								
(3)					<del>-</del>			
(4)							ĺ	
			•				40	
	7. Taxable income	inco	Net unrelated ncome (loss) ee instructions)		. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)					<del></del>			
(4)								
Tota Par				(	3. Deductions directly connected	line 8, column (A).  0 ation (see instructions)  4. Set-asides (attach statement)	5.	Total deductions and set-asides
					(attach statement)		(ac	d columns 3 and 4)
(1)								
(2)							-	
(3)							-	
(4)		Enter here	nts in column 2. e and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota			0					0
Part			ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines	ss income fron	n trade or busi	ness.	Enter here and on P	art I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)						3	
4	Net income (loss) from							
	lines 5 through 7						4	
5	Gross income from acti	•					5	
6	Expenses attributable to						6	
7	Excess exempt expense 4. Enter here and on Pa			6, bu	t do not enter more t	than the amount on line	7	

Part	X Advertising Income				
1	Name(s) of periodical(s). Check box if report	ting two or more periodic	als on a consolic	dated basis.	*
	A 🗆	Charles and the control of the control of the control of			
	B 🗆	· · · · · · · · · · · · · · · · · · ·			
	c 🗆				78
	D 🗆				-
Enter	amounts for each periodical listed above in the	he corresponding column	1.		
	:	A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and o	on Part I, line 11, column	(A)		0
3	Direct advertising costs by periodical .				
а	Add columns A through D. Enter here and o	on Part I, line 11, column	(B)		0
4	Advertising gain (loss). Subtract line 3 from 2. For any column in line 4 showing a gcomplete lines 5 through 8. For any column line 4 showing a loss or zero, do not complines 5 through 7, and enter -0- on line 8	gain, In in			
5 6 7	Readership costs	than less			
8	Excess readership costs allowed as deduction. For each column showing a gair line 4, enter the lesser of line 4 or line 7.	s a n on			
а	Add line 8, columns A through D. Enter the Part II, line 13	_			
Par	Compensation of Officers, Direct				
	1. Name	2. Title		3. Percentage of time devoted to business	Compensation     attributable to     unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
•			l		
Tota	I. Enter here and on Part II, line 1				0
Part	X Supplemental Information (see in	nstructions)			
	( )				

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903019 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 19 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 0 Gross profit. Subtract line 2 from line 1c. . . 3 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 (72,600)(72,600)Rent income (Part IV) . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 Investment income of section 501(c)(7), (9), or (17) 9 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 0 11 11 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . . 13 13 (72.600)(72,600)Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . 2 2 0 3 0 3 4 4 0 . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 0 8b 0 Less depreciation claimed in Part III and elsewhere on return. 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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, 16 (72,600)17 17 0

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Cat. No. 74036O

Schedule A (Form 990-T) 2023

(72,600)

18

Pari	Cost of Goods Sold Enter me	thod of inventory val	uation		94
1	Inventory at beginning of year			1	0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			CALL DESCRIPTION OF THE PARTY O	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 prop				
_	Rent Income (From Real Property an				r L tes L No
1	Description of property (property street address,				
	A 🗆		· Court of the cou		
	B -				
		<del></del>			
	D 🗆		-	•	
_	Post and the Landson of	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, colum	ns A through D. Enter	here and on Part I. I	ine 6. column (A)	0
			,	,	
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A throug	h D. Enter here and o	on Part I, line 6, colu	ımn (B)	0
Par	V Unrelated Debt-Financed Income (se	a instructions)			
1	Description of debt-financed property (street add		code) Check if a d	ual-use See instruc	etions
•	A	-	codej. Oncok ii a d	dai doc. occ motrac	Alono.
	B				
	c □				
	D $\square$				
		Α	В	С	D
2	Gross income from or allocable to debt-financed		_		
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6		,,,	70	
8	Total gross income (add line 7, columns A through	ugh D). Enter here an	id on Part I, line 7, o	column (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I lin	ie 7. column (R)	0
11	Total dividends — received deductions include	_		•	
	Total dividends — received deductions include	Ja 111 1111 10			U

	rt V Interest, Annuit	tice Povaltic	e and Dont	Ero	m Controlled Or	ganizations (see instru	Page 3
Pa	interest, Annuit	lies, Royallie	s, and Rent	s Fro		ntrolled Organizations	ictions)
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							15
(2)							
(3)		1		Į			
(4)		8	is a second				
<u> </u>				ï		·	_
	7. Taxable income	inco	t unrelated me (loss) astructions)	9	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
	als		·· <u>· ·</u>		· · · · · ·	Enter here and on Part I, line 8, column (A).	Enter here and on Part I, line 8, column (B).
Par		ome of a Sec	ction 501(c)(	7), (9	), or (17) Organiza	ation (see instructions)	)
	Description of income	2. Amou	int of income	1	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	als		0				0
Par	-	<u> </u>	ncome, Othe	r Th	an Advertising In	<b>come</b> (see instructions	5)
1	Description of exploited						
2						art I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)						3
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4
5	Gross income from act	•					5
6	Expenses attributable t						6
7	Excess exempt expens 4. Enter here and on Pa					than the amount on line	7

Part	X Advertising Income				
1	Name(s) of periodical(s). Check box if report	ting two or more periodic	als on a consolic	dated basis.	*
	A 🗆	Charles and the control of the control of the control of			
	B 🗆	· · · · · · · · · · · · · · · · · · ·			
	c 🗆				78
	D 🗆				-
Enter	amounts for each periodical listed above in the	he corresponding column	1.		
	:	A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and o	on Part I, line 11, column	(A)		0
3	Direct advertising costs by periodical .				
а	Add columns A through D. Enter here and o	on Part I, line 11, column	(B)		0
4	Advertising gain (loss). Subtract line 3 from 2. For any column in line 4 showing a gcomplete lines 5 through 8. For any column line 4 showing a loss or zero, do not complines 5 through 7, and enter -0- on line 8	gain, In in			
5 6 7	Readership costs	than less			
8	Excess readership costs allowed as deduction. For each column showing a gair line 4, enter the lesser of line 4 or line 7.	s a n on			
а	Add line 8, columns A through D. Enter the Part II, line 13	_			
Par	Compensation of Officers, Direct				
	1. Name	2. Title		3. Percentage of time devoted to business	Compensation     attributable to     unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
•					
Tota	I. Enter here and on Part II, line 1				0
Part	X Supplemental Information (see in	nstructions)			
	( )				

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

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

OMB No. 1545-0047

Department of the Treasury

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **CHARLES KOCH FOUNDATION** 48-0918408 903020 20 C Unrelated business activity code (see instructions) D Sequence: E Describe the unrelated trade or business FUND 20 Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 c Balance 0 b Less returns and allowances 1с Cost of goods sold (Part III, line 8) . . . . . . . . . . . 2 2 0 0 Gross profit. Subtract line 2 from line 1c . . . 3 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . . . . . 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4h 0 0 0 0 Capital loss deduction for trusts . . . . . 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 (18, 139)(18, 139)Rent income (Part IV) . . . . . . . . . . 6 6 0 0 0 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . Interest, annuities, royalties, and rents from a controlled 8 8 0 0 0 9 Investment income of section 501(c)(7), (9), or (17) 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 0 11 11 0 0 12 0 0 12 Other income (see instructions; attach statement) . . . . Total. Combine lines 3 through 12 . . . . . . . . . 13 13 (18.139)(18, 139)Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 0 Compensation of officers, directors, and trustees (Part X) . 1 Salaries and wages . . . . . . . . 2 2 0 3 0 3 4 4 0 Rad debts . . . . . . . . 5 Interest (attach statement). See instructions 0 6 Taxes and licenses . . . . . . . . . . . . . . . . 0 6 7 Depreciation (attach Form 4562). See instructions . . . . 8 0 8b 0 Less depreciation claimed in Part III and elsewhere on return. 9 9 0 0 10 Contributions to deferred compensation plans . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . 11 0 12 Excess exempt expenses (Part VIII) . . . . . 12 Excess readership costs (Part IX) . . . . . . . . . . 13 13 0 0 14 14 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, 16 (18, 139)17 17 0 Unrelated business taxable income. Subtract line 17 from line 16 (18.139)18

Schedule A (Form 990-T) 2023 Page **2** 

Part	Cost of Goods Sold Enter me	thod of inventory val	uation			
1	Inventory at beginning of year			1	0	
2	Purchases			2	0	
3	Cost of labor			3	0	
4	Additional section 263A costs (attach statement)				0	
5	Other costs (attach statement)			5	0	
6	Total. Add lines 1 through 5			6	0	
7	Inventory at end of year			7	0	
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Par	rt I, line 2	8	0	
9	Do the rules of section 263A (with respect to proper				on? 🗌 Yes 🗌 No	
Part	N Rent Income (From Real Property an					
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instruction	ns.	
	A					
	B					
	<u> </u>					
	D 🗆					
_	Don't work to be seen at	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 (ii the					
	50% or if the rent is based on profit or income) .					
С	Total rents received or accrued by property.				+	
	Add lines 2a and 2b, columns A through D					
3	Total rents received or accrued. Add line 2c, colum	ns A through D. Enter	here and on Part I, I	ine 6, column (A)	0	
4	Deductions directly connected with the income					
	in lines 2a and 2b (attach statement)					
5	Total deductions. Add line 4, columns A through	b D. Enter here and a	n Bort I line 6 colu	umn (P)	0	
			on Fart I, line 0, cold	IIIII (B)		
Par	`					
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See instr	ructions.	
	<u>A</u>					
	B					
	D 📙	Α	В	С	D	
2	Gross income from or allocable to debt-financed	^	В			
-	property					
3	Deductions directly connected with or allocable					
_	to debt-financed property					
а	Straight line depreciation (attach statement) .					
b	Other deductions (attach statement)					
c	Total deductions (add lines 3a and 3b,	-				
	columns A through D)					
4	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	%	%	o,	%	
7	Gross income reportable. Multiply line 2 by line 6					
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I. line 7	olumn (A)	0	
	, , , ,	-g., Dj. Littor Horo all				
9	Allocable deductions. Multiply line 3c by line 6					
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lin	e 7, column (B)	0	
11	Total dividends — received deductions included in line 10					

Schedule A (Form 990-T) 2023 Page 3

	t V/ Interest Appuit	ine Dovoltic	e and Dant	e Ere	m Controlled Ore	ranizations (ass instru	ıotion	Page 3
Fal	rt VI Interest, Annuit	ies, noyaitie	o, and nent	5 F10		ganizations (see instruntrolled Organizations	iction	5)
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)							-3	
(2)								
(3)								
(4)								
		<u> </u>					W.	
	7. Taxable income	inco	t unrelated me (loss) astructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
	als				), or (17) Organiza 3. Deductions directly connected	line 8, column (A).  0 ation (see instructions)  4. Set-asides (attach statement)	)	Total deductions and set-asides
				(	(attach statement)		(ad	d columns 3 and 4)
(1)								
(2)								
(3)								
(4)							-	
		Enter here	nts in column 2. and on Part I, column (A).				Ente	amounts in column 5. er here and on Part I, ine 9, column (B).
Tota	als		0					0
Par			ncome, Othe	r Th	an Advertising Inc	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines						2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)							
4	Net income (loss) from lines 5 through 7						4	
5	Gross income from acti	vity that is not	ot unrelated business income					
6		penses attributable to income entered on line 5						
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12				7			

Part	Advertising Income					-	
1	Name(s) of periodical(s). Check box if re	porting two or more	periodic	als on a consolid	dated basis		
P.	A □						
	<b>P</b> —						
	C						
	<b>D</b>		_				
nter	amounts for each periodical listed above	in the corresponding	a column	i			
	amounts for each periodical listed above	A		. В	С	D	
2	Gross advertising income						
a	Add columns A through D. Enter here ar	nd on Part I, line 11,	column	(A)		. 0	
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here ar	nd on Part I, line 11,	, column	(B)		. 0	
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter -0- on line 8	a gain, lumn in omplete					
5 6 7	Readership costs	ss than is less					
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on					
а	Add line 8, columns A through D. Ent Part II, line 13	_					
Par	Compensation of Officers, Di	rectors, and Trus	stees (se	ee instructions)			
	1. Name	:	2. Title		3. Percentage of time devoted to business	Compensation     attributable to     unrelated business	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Tota	II. Enter here and on Part II, line 1 .					0	
Part	Supplemental Information (se	e instructions)					
	,	,					
					·	·	

Form 990T	Additional Information	
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	0	0		80,192,363	2021
2017	88,473,872	0	0		88,473,872	2022
2018	127,879,272	0	0		127,879,272	2023
2019	138,002,575	0	0		138,002,575	2024
2020	99,640,967	80,048	0		99,560,919	2025
2021	93,811,114	216,759	0		93,594,355	2026
2022	57,848,262	248,862	0		57,599,400	2027
2023	77,342,908	0	121,599		77,221,309	2028
Totals	763,191,333	545,669	121,599	0	762,524,065	,

# Form 990T Part IV, Line 5

Post 2017 NOL Carryover

Business Activity Code	Available post-2017 NOL carryover
903004	0
903005	239,973
903006	0
903007	104,234
903008	0
903009	0
903010	0
903011	121,288
903012	547,017
903013	0
903014	0
901101	0
903016	0
903017	0
903018	0
903019	6,275,371

Name of Partnership	8	Share of gross income	Share of deductions	Gain or loss
FUND 1				
(1) FUND 1		(625,806)	0	(625,806)
	Total	(625,806)	0	(625,806)
FUND 2			wT	
(1) FUND 2		2,097	0	2,097
FIND	Total	2,097	0	2,097
FUND 3		24.402	0	24.400
(1) FUND 3	Total	34,493 34,493	0	34,493 <b>34,49</b> 3
FUND 4	Total	34,493	U	34,493
(1) FUND 4		1,662	0	1,662
(1) 1 3 13	Total	1,662	0	1,662
FUND 5		-,	-	.,,,,,
(1) FUND 5				(
	Total	0	0	(
FUND 6	•			
(1) FUND 6		21,571	0	21,571
	Total	21,571	0	21,571
FUND 7				
(1) FUND 7				(
	Total	0	0	
FUND 8				
(1) FUND 8		39,271	0	39,271
	Total	39,271	0	39,271
FUND 9				
(1) FUND 9		(25,009)	0	(25,009)
	Total	(25,009)	0	(25,009)
FUND 10		(450.407)		(450.407)
(1) FUND 10	T-4-1	(150,107)	0	(150,107)
FUND 11	Total	(150,107)	0	(150,107)
(1) FUND 11		(165,898)	0	(165,898)
(I) FOND II	Total	(165,898)	0	(165,898)
FUND 12	Total	(100,000)	•	(100,000)
(1) FUND 12		(136,584)	0	(136,584)
(1)	Total	(136,584)	0	(136,584)
FUND 13		(100,000)	-	(100,000)
(1) FUND 13				(
	Total	0	0	(
FUND 14				
(1) FUND 14				(
	Total	0	0	(
FUND 15				
(1) FUND 15		416,352	0	416,352
	Total	416,352	0	416,352
FUND 16				
(1) FUND 16		664,747	0	664,747
EIND 47	Total	664,747	0	664,747
FUND 17		/F 400\		/E 100
(1) FUND 17	Tatal	(5,433)	0	(5,433)
EUND 49	Total	(5,433)	0	(5,433)
FUND 18				
(1) FUND 18	Total	0	0	
FUND 19	rotar		U	

(1) FUND 19		(72,600)	0	(72,600)
	Total	(72,600)	0	(72,600)
FUND 20	V-1/1007000			
(1) FUND 20		(18,139)	0	(18,139)
	Total	(18,139)	0	(18,139)

Schedule A - Part II, Line 6	Taxes and Licenses		
		_	

Description	Amount
FUND 15	
(1) STATE TAXES	117,339

Schedule A - Part II, Line 14	Other Deductions	
		•

	Description	Amount
FUND 15		
(1) ACCOUNTING FEES		4,498

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
2023	684,016				684,016
Totals	2,857,240	0	5,833	0	2,851,407
FUND 2					
2020	180,576		158,268	1,678	20,630
Totals	180,576	0	158,268	1,678	20,630
FUND 5	500s			* *	
2020	12,035		0	0	12,035
2021	117,503		0	0	117,503
2022	110,435		0	0	110,435
Totals	239,973	0	0	0	239,973
FUND 7	,		- 1	- 1	,
2020	32,293		0	0	32,293
2021	71,941		0	0	71,941
Totals	104,234	0	0	0	104,234
FUND 9	101,201	•	•	<u> </u>	,
2023	25,009				25,009
Totals	25,009	0	0	0	25,009
FUND 10	20,000		•	•	20,000
2023	150,107				150,107
Totals	150,107	0	0	0	150,107
FUND 11	150,107	U	U <sub>I</sub>	U	130,107
2020	2,881		0	0	2,881
2021	30,342		0	0	30,342
2022	88,065		0	0	88,065
2023	176,618		U	U	176,618
Totals	297,906	0	0	0	297,906
FUND 12	297,900	U	U	U	297,900
2020	5,603		0	0	E 602
	253,445		0	0	5,603
2021				0	253,445
2022	287,969		0	0	287,969
2023	136,584	0		•	136,584
Totals	683,601	0	0	0	683,601
FUND 15	67.000		07.000		
2018	67,022		67,022	0	0
2020	624,704		624,704	0	0
Totals	691,726	0	691,726	0	0
FUND 17	- 0		Т	Γ	
2023	5,052	_	_	_	5,052
Totals	5,052	0	0	0	5,052
FUND 19	2 2== c= :				
2022	6,275,371		0	0	6,275,371
2023	72,600				72,600
Totals	6,347,971	0	0	0	6,347,971
FUND 20		İ	Т	Ι	
2023	18,139				18,139
Totals	18,139	0	0	0	18,139

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

### Capital Gains and Losses

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

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

OMB No. 1545-0123

Employer identification number CHARLES KOCH FOUNDATION 48-0918408 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes ✓ No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less (g) Adjustments to gain See instructions for how to figure the amounts to enter on (h) Gain or (loss) (e) the lines below. or loss from Form(s) Subtract column (e) from **Proceeds** Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 0 with **Box A** checked 2 Totals for all transactions reported on Form(s) 8949 153 0 0 153 with **Box B** checked Totals for all transactions reported on Form(s) 8949 0 0 0 139,126 with Box C checked Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 705,296) (566,017)7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses—Assets Held More Than One Year See instructions for how to figure the amounts to enter on the (g) Adjustments to gain (h) Gain or (loss) (d) (e) lines below. or loss from Form(s) Subtract column (e) from **Proceeds** Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (g) column (g) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 0 with **Box D** checked Totals for all transactions reported on Form(s) 8949 229 0 229 0 with **Box E** checked Totals for all transactions reported on Form(s) 8949 0 0 0 106,916 with **Box F** checked Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 107,145 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 0 0 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 0 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . 18 Note: If losses exceed gains, see Capital Losses in the instructions

# 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	0	2025	
2021	810,295	104,999	86,730	618,566	2026	
			<b>Total Carry Over Value</b>	618,566		

### Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 12A

Name(s) shown on return **CHARLES KOCH FOUNDATION**  Social security number or taxpayer identification number 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.

D		٠	П	
	а			

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 F	orm 1099-B					
1 (a) Description of property	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below			enter a code in column (f). Gain or	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	Date acquired		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).	
FORM 6781, PART I								
			153				153	
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 0	al here and include is checked), <b>lin</b>	lude on your ne 2 (if Box B	153	0		0	153	

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

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

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

Social security number or taxpayer identification number 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

	reported to you on Form 1099-B	ons n	transact	-term	Long-	(F)	
--	--------------------------------	-------	----------	-------	-------	-----	--

_ (i ) Long torm transactions	not roportou	to you on it	7111 1000 B				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, If you enter an enter a c See the ser	(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).
FORM 6781, PART I			229				229
							223
0.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	(0.4)	1.40 (-111					
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box).	l here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	229	0		0	229

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

Form **8949** (2023)

# Form **8949**

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

Name(s) shown on return
CHARLES KOCH FOUNDATION

Social security number or taxpayer identification number 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 F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e)			(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
QPI - ST						0	641
FUND 16 - ST							
FUND 17 - ST						0	138,104
						0	381
2 Totals. Add the amounts in column negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box A above is checked).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	0	0		0	139,126

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

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

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

Social security number or taxpayer identification number 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	(d) Cost or other basis Proceeds See the Note below  (e) If you enter an amount in common and the common and th	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.		(g), Gain or (loss) Subtract column (e)
Description of property (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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
FUND 4 - LT							
QPI - LT						0	1,340
						0	85,707
FUND 16 - LT						0	19,869
							,
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	l here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	0	0		0	106,916

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

Form **8949** (2023)

# Form **678**1

Department of the Treasury Internal Revenue Service

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

Attach to your tax return.

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

OMB No. 1545-0644

2023
Attachment
Sequence No. 82

Name(s) shown on tax return Identifying number **CHARLES KOCH FOUNDATION** 48-0918408 Check all applicable boxes. A Mixed straddle election C Mixed straddle account election See instructions. **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 PASSIVE FUND III UBTI - 1256 GAIN 382 382 Add the amounts on line 1 in columns (b) and (c) . . . . . Net gain or (loss). Combine line 2, columns (b) and (c) . . . . . . . 382 3 3 4 Form 1099-B adjustments. See instructions and attach statement . . . 4 5 5 382 Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to 6 6 0 be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0-382 7 Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of 8 153 Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of 229 Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Part II Section A-Losses From Straddles (f) Loss. (a) Description of property (b) Date (c) Date (d) Gross (e) Cost or (h) Recognized loss. (g) If column (e) is closed out Unrecognized entered into sales price other basis If column (f) is more than (d). gain on or acquired or sold plus expense more than (g), enter difference enter difference. of sale offsetting Otherwise, Otherwise, enter -0-. positions enter -0-. 10 Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule 11a ( b Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule 11b Section B-Gains From Straddles (f) Gain. (a) Description of property (b) Date (c) Date (d) Gross (e) Cost or If column (d) is entered into closed out sales price other basis more than (e). or acquired or sold plus expense enter difference. of sale Otherwise, enter -0-. 12 Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D 13a Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions . . . . . . . . 13b Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions) Part III (e) Unrecognized (a) Description of property (b) Date (c) Fair market (d) Cost or gain. If column (c) acquired value on last other basis is more than (d), business day as adjusted enter difference. of tax year Otherwise, enter -0-. 14