Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

> Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Form 990

Department of the Treasury Internal Revenue Service 2013 Open to Public Inspection

OMB No. 1545-0047

A	For ti	ne 201	3 calendar year, or tax year beginning , 2	2013, a	and ex	nding			, 20
_			C Name of organization				D Employer id	entifi	cation number
8	Check If a	pplicable:	CHARLES KOCH INSTITUTE				27-496	773	2
Г	Add		Doing Business As	1					
	7	e change	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number					
┢		l return	1515 N COURTHOUSE RD		200		(703) 87	5 - 1	1600
	-1		City or town, state or province, country, and ZIP or foreign postal code				(1037 01	<u> </u>	
-	-	ninated Inded					G Come marks		ED 000 075
F	retur		ARLINGTON, VA 22201			· ·	G Gross receip H(a) is this a grow		52,029,075.
L			F Name and address of principal officer: LOGAN MOORE			-	subordinetes	7	
			1515 N COURTHOUSE RD STE. 200 ARLINGTON,	VA	2220:		H(b) Are all subord		
<u> </u>	· · · · ·	cempt st		(a)(1) or	<u> </u>	527	If "No," attac	ch e lis	st. (see instructions)
<u>1</u>			WWW.CHARLESKOCHINSTITUTE.ORG				H(c) Group exem	ption r	number 🕨
K	Form	of organ	nization: X Corporation Trust Association Other		LY	ar of forma	tion: 2011 M	State	of legal domicile: DE
Ρ	art I	Su	mmary						
	1		y describe the organization's mission or most significant activities:						
8	1	ADV	ANCEMENT OF LIBERTY AND ECONOMIC FREEDOM BY	Y EDU	JCAT1	NG STU	DENTS IN	A A	
Ŭ			SSROOM						
Ê	2	Check	k this box 🕨 🔄 if the organization discontinued its operations or dis	sposed	of mos	e than 25%	of its net asset	s.	
& Governance	3		per of voting members of the governing body (Part VI, line 1a)					3	4.
	4		per of independent voting members of the governing body (Part VI, line					4	4
8	5		number of individuals employed in calendar year 2013 (Part V, line 2a).					5	119.
ctivities	1 .							6	
Ŭ	6		number of volunteers (estimate if necessary)					7a	4,151,730.
			unrelated business revenue from Part VIII, column (C), line 12						
	b	Net ur	nrelated business taxable income from Form 990-T, line 34			<u></u>	Prior Year	7b	3,798,037.
								_	Current Year
8	8	Contri	ibutions and grants (Part VIII, line 1h)			••	168,295,04		42,965,417.
Revenue	9		am service revenue (Part VIII, line 2g)					0	0
Š	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)				1,934,12		9,040,581.
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				31,87		23,077.
	12	Total I	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)		. 1	170,261,05	з.	52,029,075.
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)					0	52,500.
	14		its paid to or for members (Part IX, column (A), line 4)					0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-				4,310,11	7.	5,349,538.
15 ef			ssional fundraising fees (Part IX, column (A), line 11e)					0	0
Expense	Г.		fundraising expenses (Part IX, column (D), line 25)				STRADE CARGES	er er	and the structure of the structure of
щ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				4,267,33	2710C	5,203,059.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				8,577,44		10,605,097.
							61,683,60	_	41,423,978.
	19	Reven	nue less expenses. Subtract line 18 from line 12						
it Assets or Ind Balances							ning of Current Y		End of Year
	20		assets (Part X, line 16)			••••	23,926,59		271,482,857.
2 P	21	Total I	liabilities (Part X, line 26)			•••	334,62	-	520,329.
ŽŽ	22	Net as	ssets or fund balances. Subtract line 21 from line 20.			. 1 2	23,591,97	1.	270,962,528.
	rt II		gnature Block				· · ·		
Un	der pe	naities o	of perjuyy, I declare that I have examined this return, including accompanying s complete Declaration of preparer (sther than officer) is based on all information of	chedule of which	s and s	tatements, a	and to the best of	' my l	knowledge and belief, it is
	o, come		1 DAALON A PRALO	or white	hickey	a naveny k	inomedge.		
			YOUUUUUIUUI						
Sig			Signature of officer				Date	1	in_il
He	re		Heather Love, Treasurer					- 11	1-17-14
			Type or print name and title		•••				
			Type preparer's name Preparer's signature		Dale		Check	if li	PTIN
Palo	ł		HAEL J ENGLE MRSA		1 wh	אוא	self-employe		P00482834
Pre	parer				<u> </u>	<u></u> `	Firm's EIN > 4		
Use	Only					221-6300			
110	thal		address ▶1201 WALNUT, SUITE 1700 KANSAS CITY, NO 64106-2246 cuss this return with the preparer shown above? (see instructions)				Phone no. 8	<u> </u>	
_							<u></u>		
FOR	Pane	rwark i	Reduction Act Notice, see the separate instructions.						Form 990 (2013)

•	If you	are f	filina f	for an	Automatic	3-Month	Extension	complete	only Part	I (on page 1).	_

Part	Additional (Not Automatic) 3-Mo	nth Extension of	of Time. Only file the origina	I (no copies needed)).
			Enter	filer's identifying numbe	er, see instructions
	Name of exempt organization or other filer	, see instructions.	Er	nployer identification num	ber (EIN) or
Туре	or				
print	CHARLES KOCH INSTITUTE	27-4967732			
File by th	Number, street, and room or suite no. If a F	P.O. box, see instrue	ctions. Sc	ocial security number (SSN)
due date	for 1515 N COURTHOUSE RD, STE				
filing you return. S					
instructio	ons. ARLINGTON, VA 22201				
Enter t	he Return code for the return that this applic	ation is for (file a	separate application for each	return)	01
Appli	cation	Return	Application		Return
Is For		Code	Is For		Code
Form	990 or Form 990-EZ	01			
Form	990-BL	02	Form 1041-A		08
Form	4720 (individual)	03	Form 4720 (other than indiv	idual)	09
Form	990-PF	04	Form 5227		10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form	990-T (trust other than above)	06	Form 8870		12
STOP!	Do not complete Part II if you were not alr	eady granted ar	automatic 3-month extension	on on a previously filed	l Form 8868.
 The 	books are in the care of ▶ HEATHER LO	VE			
Tele	phone No. ► 316 828-8286	I	Fax No. 🕨		
 If th 	e organization does not have an office or pla	ce of business ir	the United States, check this I	хох	►
	is is for a Group Return, enter the organization				. If this is
for the	whole group, check this box	If it is for pa	rt of the group, check this box	: ∎ ar	nd attach a
list with	n the names and EINs of all members the ex	tension is for.			
4 I	request an additional 3-month extension of t	ime until		<u>15</u> , 20 <u>14</u> .	
5 F	or calendar year 2013, or other tax year b	eginning	, 20 , and e	nding	, 20
6 If	the tax year entered in line 5 is for less than	n 12 months, cheo	ck reason:	n Final return	
	Change in accounting period				
7 S	tate in detail why you need the extension A	DDITIONAL T	IME IS REQUIRED TO A	CCUMULATE	
Т	HE INFORMATION NECESSARY TO FI	LE A COMPLE	TE AND ACCURATE RETUR	N.	
_					
8a lf	this application is for Forms 990-BL, 990-	PF, 990-T, 4720), or 6069, enter the tentation	ve tax, less any	
	onrefundable credits. See instructions.			8a \$	0
	this application is for Forms 990-PF, 9				
	stimated tax payments made. Include a	ny prior year c	verpayment allowed as a	credit and any	
	mount paid previously with Form 8868.			8b \$	0
	alance Due. Subtract line 8b from line 8a. In		ent with this form, if required,	by using EFTPS	
(Electronic Federal Tax Payment System). See	instructions.		8c \$	0
	•		st be completed for Part	•	
Indor	condition of pariury I declare that I have exam	ined this form in	aluding accompanying cohodulor	and statements and to	a the best of my

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨

Title 🕨

Date 🕨

Form 8868 (Rev. 1-2014)

	TROATT	
CHARLES	KOCH	INSTITUTE

	n 990 (2013) Page Int III Statement of Program Service Accomplishments
Га	Int III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III III
1	Briefly describe the organization's mission:
	ADVANCEMENT OF LIBERTY AND ECONOMIC FREEDOM BY EDUCATING STUDENTS IN
	A CLASSROOM
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured l expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$including grants of \$) (Revenue \$) EDUCATE STUDENTS IN A CLASSROOM SETTING ABOUT ECONOMIC FREEDOM AND
ŀb	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(Code:) (Expenses \$including grants of \$) (Revenue \$)
d	Other program services (Describe in Schedule O.)
10	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 8,484,620.
4e ISA	Total program service expenses 8,484,620. Prom 990 (201
.0 2	.000 Form 950 (201 5425DW K922 11/17/2014 3:17:45 PM V 13-7.5F 094135 PAGE

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

Form **990** (2013)

Form 990 (2013)

Form 99	00 (2013)		I	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
a k	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
b	Schedule L, Part IV.	28b		х
		200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		х
20	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .	29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	A	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		Х
24	conservation contributions? If "Yes," complete Schedule M	30		Λ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		Х
20	Part I.	31		Δ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
~~	complete Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	v	
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		37	
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		37	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			_
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2013)

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Form 990 (2013)

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Par									
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No					
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 56		162	NU					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-							
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1							
•	reportable gaming (gambling) winnings to prize winners?								
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 119								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority								
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			37					
	account)?	4a		X					
b	If "Yes," enter the name of the foreign country:								
50	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		v					
اہ	required to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting								
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring								
	organization, have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the organization make any taxable distributions under section 4966?	9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:								
11									
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u>i</u>					

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Form 9	90 (2013) CHARLES KOCH INSTITUTE 27-4967	732		Page 6	
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0.				
	Check if Schedule O contains a response or note to any line in this Part VI			X	
Sect	ion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year				
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	2	Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct			v	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X	
6	Did the organization have members or stockholders?	0			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x	
h	one or more members of the governing body?	10			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
Ŭ	the year by the following:				
а	The governing body?	8a	Х		
b	Each committee with authority to act on behalf of the governing body?	8b		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Х		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	э.)		
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.01-	v		
	rise to conflicts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х		
40	describe in Schedule O how this was done	120	X		
13 14	Did the organization have a written whistleblower policy?	14	X		
15	Did the process for determining compensation of the following persons include a review and approval by	14			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	Х		
b	Other officers or key employees of the organization	15b	Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	16a		Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16b			
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	c)(3)s	only)	
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O)				
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte					
00	financial statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Heather LOVE 4111 E. 37TH ST N WICHITA, KS 67220 (316)828-8286	ie			
JSA		Form	990	(2013)	

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Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contra	actors								
	Check if Schedule	O contains	a response	or note to	any lii	ne in this Part	VII			

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(0	C)					
(A)	(B) Position							(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per week (list any							compensation from	compensation from related	amount of other
	hours for				, 		the	organizations	compensation	
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	lighe	Former	organization	(W-2/1099-MISC)	from the organization
	organizations	idua recto	utior	er	ldu	est c	er	(W-2/1099-MISC)		and related
	below dotted line)	l trus	nal t		oye	i i i i i i i i i i i i i i i i i i i				organizations
		stee	ruste			ens				
			ě			Highest compensated employee				
(1)CHARLES G. KOCH	1.00									
DIRECTOR	1.00	Х						0	0	0
(2)CHARLES CHASE KOCH	1.00									
DIRECTOR	1.00	Х						0	0	0
(3)ELIZABETH B. KOCH	1.00									
DIRECTOR	1.00	Х						0	0	0
(4)RICHARD FINK	1.00	-								
DIRECTOR	1.00	Х						0	0	0
(5)BRIAN MENKES	1.00							_		_
SECRETARY	1.00			Х				0	0	0
_(6) ^{HEATHER_LOVE}	1.00	-								2
TREASURER	1.00			Х				0	0	0
(7)KEVIN GENTRY	1.00			37						0
VICE PRESIDENT	1.00			Χ				0	0	0
_(8)LOGAN MOORE DIRECTOR OF OPERATIONS	35.00				x			210 000	0	16 605
(9)KATHLEEN ROBERTS	40.00				A			218,888.	0	16,695.
DIRECTOR-ALUMNI/EXT. RELATIONS	40.00					X		156,893.	0	9,413.
(10)TONYA MULLINS	40.00					Δ		130,093.	0	<i>J</i> , ±13.
DIRECTOR-COMMUNICATIONS & MKTG	0					x		147,081.	0	19,295.
(11)LEAH KROHN	40.00					21		117,001.	0	
INSTRUCTOR - MBM	0					x		103,770.	0	11,919.
(12)										<u>.</u>
(13)										
(14)										

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Ра	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	bye	es,	and H	lig	hest Compensat	ed Employ	ees (c	ontinued)	
	(A)	(B)			((C)			(D)	(E)		(F)	
	Name and title	Average hours per	Position (do not check more than				e than o	ne	Reportable	Reportable compensation from		Estimated amount of	
		week (list any					is both		compensation from	related		other	
		hours for		officer and a director/trus					the	organizations		compensation	
		related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-	MISC)	from the organization	
		below dotted	director	utior	er	ldu	est c oyee	er	(W-2/1099-MISC)			and related	
		line)	l trus	nal ti		oyee	omp					organizations	
			stee	ruste			ens						
				ŏ			ated						
		+	1										
		L											
		L											
		+	-										
		+	-										
		+	-										
		+	1										
		+	1										
		L											
											-		
1b	Sub-total								626,632.		0	57,322	
С	Total from continuation sheets to Part VII, S	ection A					• • •		0		0		0
	Total (add lines 1b and 1c)								626,632.	¢4.00.000 -	0	57,322	•
2	Total number of individuals (including but not reportable compensation from the organization			liste 1	a a	DOV	e) who	o re	eceived more than	\$100,000 c	DT		
				±								Yes N	_
2	Did the organization list any former offic	or directo	or or	++++	icto		kov o	mn	lovoo or highos	toomnone	atod	163 14	
3	employee on line 1a? If "Yes," complete Sched											3 X	5
	For any individual listed on line 1a, is the												
4	organization and related organizations gro	eater than	\$15	50.0	00?	iper ///////	' "Yes	i ai S."	complete Schedu	le J for s	such		
	individual											4 X	
5	Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organization	on or indivi	dual		
	for services rendered to the organization? If "Ye											5 X	<u>.</u>
	ction B. Independent Contractors												
1	Complete this table for your five highest com												
	compensation from the organization. Report c	compensati	on foi	the	e ca	lend	dar ye	ar e	ending with or with	nin the orga	nizatior	n's tax	
	year.												
	(A) Name and business add	droop							(B) Description of se	n dooo	0	(C)	
		ANCISCO,	07	0.4	104	1		+	BRANDING & MA		U	ompensation	
	OPHET BRANDING STRATEGY SAN FRA ZZFEED, INC. NEW YORK, NY 10010		CA	94.	104	İ		-	VENT HOSTING	KKEIING		302,759.	
	ZITED, INC. NEW TORK, NI IUUI	<i>.</i>							IVENT HOSTING			200,000.	
								+					
								+					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 2 JSA JE1055 1.000

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Its Its	1a	Federated campaigns					
sran oun	b	Membership dues					
S, G	c	Fundraising events					
Gift ilar	d	Related organizations					
ns, (Simi	е	Government grants (contributions) 1e					
er S	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts			2,965,417.				
nd	g	Noncash contributions included in lines 1a-1f: \$30	965,417.				
	h	Total. Add lines 1a-1f	<u></u> ▶	42,965,417.			
Program Service Revenue		Busi	ness Code				
eve	2a						
еR	b						
rzic	с						
Se	d						
am	е						
lĝo	f	All other program service revenue					
7	g	Total. Add lines 2a-2f	<u></u>	0			
	3	Investment income (including dividends, interest, an					
		other similar amounts)		4,992,141.		4,151,730.	840,411.
	4	Income from investment of tax-exempt bond proceed	ds 🏲	0			
	5	Royalties		0			
		(i) Real (ii)	Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	i) Other	0			
	7a	Gross amount from sales of					
		assets other than inventory 4,048,440.					
	b	Less: cost or other basis					
		and sales expenses					
	ک اہ	Gain or (loss)		4 9 4 9 4 4 9			4 9 4 9 4 4 9
	d	Net gain or (loss)		4,048,440.			4,048,440.
anu	8a	Gross income from fundraising					
ver		events (not including \$					
Re		of contributions reported on line 1c).					
er		See Part IV, line 18 a Less: direct expenses b					
Other Reven	b C	Net income or (loss) from fundraising events		0			
0		Gross income from gaming activities.		0			
	9a	See Part IV, line 19 a					
	b	Less: direct expenses					
	c b	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
	lou	returns and allowances a					
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory		0			
			ness Code				
	11a						
	b						
	c						
	d		099	23,077.			23,077.
	e	Total. Add lines 11a-11d		23,077.			
	12	Total revenue. See instructions		52,029,075.		4,151,730.	4,911,928.
							orm 990 (2013)

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

Form 990 (2013)

Statement of Revenue

Part VIII

	IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations mu		s All other organization	ns must complete colum	n (Δ)
Secin	Check if Schedule O contains a respo				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 G	Grants and other assistance to governments and				·
	organizations in the United States. See Part IV, line 21	52,500.	52,500.		
	Grants and other assistance to individuals in he United States. See Part IV, line 22	0			
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	Jnited States. See Part IV, lines 15 and 16	0			
	Benefits paid to or for members	0			
5 C	Compensation of current officers, directors, rustees, and key employees	235,583.	117,792.	117,791.	
		233,303.	111,192.		
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	versions (as defined under section 4958(I)(T)) and versions described in section 4958(c)(3)(B)	\cap			
	Dther salaries and wages	4,205,700.	3,352,796.	852,904.	
		1,205,100.	5,552,750.	002,001.	
	Pension plan accruals and contributions (include section	174,373.	138,435.	35,938.	
	01(k) and 403(b) employer contributions)	412,409.	325,438.	86,971.	
	Other employee benefits	321,473.	251,553.	69,920.	
		521,115.	231,333.		
	Fees for services (non-employees):	0			
	Management	60,929.	47,677.	13,252.	
		7,540.	5,900.	1,640.	
	Accounting	0			
	obbying Professional fundraising services. See Part IV, line 17	0			
	nvestment management fees	28,161.	22,036.	6,125.	
				.,	
	Dther. (If line 11g amount exceeds 10% of line 25, column A) amount, list line 11g expenses on Schedule O.) $\frac{\text{ATCH 1}}{\text{ATCH 1}}$	1,584,565.	1,414,635.	169,930.	
	A) amount, list line 11g expenses on Schedule O.)	159,399.	124,730.	34,669.	
	Diffice expenses	307,130.	240,329.	66,801.	
	nformation technology	165,658.	129,627.	36,031.	
	Royalties	0	. ,	,	
	Decupancy	1,479,836.	1,157,972.	321,864.	
		912,266.	713,848.	198,418.	
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	0			
	Conferences, conventions, and meetings	146,276.	114,461.	31,815.	
	nterest	0			
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	296,190.	231,769.	64,421.	
	nsurance	5,654.	4,424.	1,230.	
	Other expenses. Itemize expenses not covered				
	bove (List miscellaneous expenses in line 24e. If				
	ne 24e amount exceeds 10% of line 25, column				
(/	A) amount, list line 24e expenses on Schedule O.)				
a Al	WARDS & INCENTIVES	36,810.	28,804.	8,006.	
b					
C					
d	[
еA	All other expenses	12,645.	9,894.	2,751.	
	total functional expenses. Add lines 1 through 24e	10,605,097.	8,484,620.	2,120,477.	
o fr	oint costs. Complete this line only if the organization reported in column (B) joint costs rom a combined educational campaign and undraising solicitation. Check here ▶ if				
	ollowing SOP 98-2 (ASC 958-720)	0			

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	n 990 (Page 11
Pa	rt X			to only line to the Di-	ant V		
		Check if Schedule O contains a response of	note	to any line in this Pa			
					(A) Beginning of year		(B) End of year
	1				506,122.		917,543.
	2	Savings and temporary cash investments			54,648,457.	2	91,387,714.
	3	Pledges and grants receivable, net			C	3	0
	4	Accounts receivable, net			6,973.	4	19,535.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	omper	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			C	5	0
	6	4958(f)(1)), persons described in section 4958(c)(3)(B)	, and o	contributing employers			
		and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche	intary dule l	employees' beneficiary	C	6	0
Assets	7	Notes and loans receivable, net			C	7	0
SS	8	Inventories for sale or use	• • •		C	8	0
∢	9	Prepaid expenses and deferred charges			28,654.	-	135,332.
	-	Land, buildings, and equipment: cost or	i · · ·		- 1		
			10a	1,268,255.			
	b	Less: accumulated depreciation	10b	700,304.	828,587.	10c	567,951.
	11	Investments - publicly traded securities			C		0
	12	Investments - other securities. See Part IV, line 11	167,907,799.		178,454,782.		
	13	Investments - program-related. See Part IV, line 11	C		0		
	14	Intangible assets	C	14	0		
	15	Other assets. See Part IV, line 11	C	15	0		
	16	Total assets. Add lines 1 through 15 (must equal			223,926,592.	16	271,482,857.
	17	Accounts payable and accrued expenses			331,743.	17	520,329.
	18	Grants payable			C	18	0
	19	Deferred revenue	C	19	0		
	20	Tax-exempt bond liabilities		[C	20	0
es	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	C	21	0
Liabilities	22	Loans and other payables to current and for	ormer	officers, directors,			
iabi		trustees, key employees, highest compen					
		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			C	23	0
	24	Unsecured notes and loans payable to unrelated	third p	arties	C	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			2,878.	25	0
	26	Total liabilities. Add lines 17 through 25			334,621.	26	520,329.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		where \blacktriangleright X and			
anc	27	Unrestricted net assets			223,591,971.	27	270,962,528.
Fund Balances	28	Temporarily restricted net assets			C	28	0
pu	29	Permanently restricted net assets		<u></u>	C	29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔄 and			
	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		31	
As	32	Retained earnings, endowment, accumulated inc	ome,	or other funds		32	
Net Assets	33	Total net assets or fund balances			223,591,971.	33	270,962,528.
_	34	Total liabilities and net assets/fund balances			223,926,592.	34	271,482,857.
							Form 990 (2013)

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Form 99	90 (2013)				Pa	ge 12	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		52,0	29,0)75.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,605,097.)97.	
3	Revenue less expenses. Subtract line 2 from line 1	3		41,423,978.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	223,591,971.			
5	Net unrealized gains (losses) on investments	5		5,9	46,5	579.	
6							
7	7 Investment expenses						
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	2	70,9	62,5	528.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII	• • •	• • •				
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	nin				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis					37	
b	Were the organization's financial statements audited by an independent accountant?			2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	-		20			
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c			
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	nın				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in	3a		х	
Ŀ	the Single Audit Act and OMB Circular A-133?		 	Ja			
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		me	3b			
	required addition addites, explain why in ochedule of and describe any steps taken to undergo such ad	uno.		50			

Form **990** (2013)

SCHEDULE A (Form

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Departmer Internal Re	nt of the Treasury venue Service	► Information about Sch	► Attach to Form 990 nedule A (Form 990 or 990-	or Fori EZ) and	n 990-l its ins	EZ. tructions	is at ww	vw.irs.go	ov/form9		Open to P Inspecti	
Name of	the organization							Emplo	yer iden	tificati	on numbe	r
CHARLE	S KOCH INS	TITUTE							27-	-496	7732	
Part I	Reason for	Public Charity Statu	s (All organizations mι	ust con	nplete	this pa	art.) Se	e instru	uctions			
The orga	anization is not a	a private foundation be	cause it is: (For lines 1 th	nrough	11, che	eck only	one bo	x.)				
1	A church, conv	vention of churches, or	association of churches	describ	ed in s	section	170(b)(1)(A)(i)				
2 X	A school desc	ribed in section 170(b)	(1)(A)(ii). (Attach Schedu	le E.)								
3	A hospital or a	a cooperative hospital s	service organization descr	ibed in	sectio	on 170(b	o)(1)(A)	(iii).				
4	A medical res	search organization op	erated in conjunction w	ith a h	nospita	I descr	ibed in	sectio	n 170(k	o)(1)(A	A)(iii). Ei	nter the
		e, city, and state:										
5	An organizatio	on operated for the be	nefit of a college or univ	versity	ownec	d or ope	erated b	by a go	vernme	ntal u	init desc	ribed in
)(1)(A)(iv). (Complete F										
6		-	or governmental unit des									
7	-		es a substantial part of it	ts supp	ort fro	om a go	vernme	ental un	it or fro	om th	e genera	al public
		ection 170(b)(1)(A)(vi)										
8	-		on 170(b)(1)(A)(vi). (Con	-								
9	•		es: (1) more than 331/39									•
	-		exempt functions - sub	-		-						
		-	ome and unrelated busines				-		1 511	tax) i	rom bus	sinesses
10		-	ne 30, 1975. See section ited exclusively to test for	-		-			、 、			
11	-		rated exclusively to test for	-	-				-	or t	o carry	out the
••	-		upported organizations de			-					-	
			bes the type of supporting									50001011
	a Type I		c Type III-Functio				·			•	nally inte	arated
e			e organization is not con	-	-			•••				•
-			other than one or more			-	-	-			-	-
	or section 509	-					9					(-)()
f			en determination from th	e IRS	that it	is a T	ype I, T	Type II,	or Type	e III s	upportin	g
	organization, c										••	
g	Since August	17, 2006, has the orga	nization accepted any gif	t or co	ntributi	ion from	n any of	the				•
	following perso	ons?										
	(i) A person	who directly or indirect	tly controls, either alone	or tog	ether v	with per	rsons d	escribe	d in (ii)	and	۱ ا	res No
	. ,		f the supported organizati	ion?							11g(i)	
	(ii) A family n	nember of a person de	scribed in (i) above?								11g(ii)	
			son described in (i) or (ii) a								11g(iii)	
h	Provide the fo	llowing information abo	out the supported organiz	ation(s)).							
(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		ls the zation in		ou notify		s the zation in	(vii) A	mount of i support	
	organization		above or IRC section	col. (i)	listed in overning) of your		rganized		support	
			(see instructions))	docu	ment?		oort?		U.S.?	-		
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

OMB No. 1545-0047

13

20

١	990	or	990-EZ)

Name	of the	organization

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					1	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						(n -))
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		0				
14	Public support percentage for 2013 (lin					14	%
15	Public support percentage from 2012						%
16a	331/3% support test - 2013. If the o	-					
	this box and stop here. The organization			-			
b	331/3% support test - 2012. If the o						
47.	check this box and stop here . The orga						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part IV how the organization meets t			-	-		
h	organization 10%-facts-and-circumstances test - 2						
D	15 is 10% or more, and if the organization in Part IV how the organization	anization meets	s the "facts-and	d-circumstances	s" test, check t	his box and st	op here.
18	supported organization Private foundation. If the organization						· · · · ► 🗆
	instructions	<u></u>					▶∟

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				-	-			
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e)2013	(f) Tota	l
1	Gifts, grants, contributions, and membership fees	-							
	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
	line 6.)								
Sec	tion B. Total Support				1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e)2013	(f) Tota	l
9	Amounts from line 6.								
10 a	Gross income from interest, dividends, payments received on securities loans,								
	rents, royalties and income from similar								
	sources								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is regularly								
	carried on								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
4.0	(Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)		la finat a samel	4 - in - 1 - 4	6:64h 4=			(-)(0)	
14	First five years. If the Form 990 is for	0			2				
500	organization, check this box and stop here tion C. Computation of Public Sup								
15	Public support percentage for 2013 (line 8			mn (f))		15			%
16	Public support percentage from 2012 Sche					16			%
	tion D. Computation of Investme					10			70
17	Investment income percentage for 2013 (li			13. column (f))		17			%
18	Investment income percentage from 2012					18			%
	331/3% support tests - 2013. If the or						331/3 %. :	and line	, 0
	17 is not more than 331/3%, check th	-							
b	331/3% support tests - 2012. If the orga								
~	line 18 is not more than 331/3%, check								
20	Private foundation. If the organization		•	• •		• •	0		
JSA	1 1.000							90 or 990-EZ) 2013
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Page 3

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2013

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

. . .

. . .

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

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

...

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...

....

Attach to Form 990. . .

20 13 **Open to Public**

OMB No. 1545-0047

	nal Revenue		Information about Schedu	le D (Form 990) and its ins	tructions is at www		Inspection
	e of the orga					Employer identific	
		OCH INS				27-4967	/32
Ра			ons Maintaining Donor Advise f the organization answered			Accounts.	
	00	inplete li	The organization answered			4	
				(a) Donor advis	sed funds	(b) Funds an	d other accounts
1			nd of year				
2			utions to (during year)				
3		-	from (during year)				
4			t end of year				
5	Did the	organizatio	on inform all donors and donor	advisors in writing that	the assets held i	n donor advised	
			nization's property, subject to th				Yes No
6	Did the o	organizatio	on inform all grantees, donors, a	nd donor advisors in wr	iting that grant fu	nds can be used	
			purposes and not for the bene				
_	conferrir	ng imperm	issible private benefit?			<u></u>	Yes No
Ра			on Easements. Complete if			orm 990, Part IV,	line 7.
1			servation easements held by th	-	that apply).		
	Pre	eservation	of land for public use (e.g., rec	reation or education)	Preservation	of an historically in	nportant land area
			natural habitat		Preservation	of a certified histo	ric structure
	Pre	eservation	of open space				
2			through 2d if the organization I	neld a qualified conserva	ation contribution	in the form of a co	nservation
	easeme	nt on the la	ast day of the tax year.				
						Held at the	e End of the Tax Year
а	Total nui	mber of co	onservation easements			2a	
b	Total ac	reage rest	ricted by conservation easemen	ts		2b	
с	Number	of conserv	vation easements on a certified	historic structure include	ed in (a)	2c	
d	Number	of conserv	vation easements included in () acquired after 8/17/06	, and not on a		
	historic s	structure li	sted in the National Register			2d	
3	Number	of conserv	vation easements modified, tra	nsferred, released, extir	guished, or termi	inated by the organi	zation during the
	tax year	▶			-		-
4	Number	of states v	where property subject to cons	ervation easement is loca	ated ►		
5			tion have a written policy regar				
	violation	is, and enfo	orcement of the conservation e	asements it holds?			Yes No
6	Staff and	d voluntee	r hours devoted to monitoring,	nspecting, and enforcin	g conservation ea	asements during the	year
	▶				-	· ·	
7	Amount	of expense	es incurred in monitoring, inspe	cting, and enforcing cor	servation easem	ents during the yea	r
				0. 0		0 ,	
8	Does ea	ach conser	vation easement reported on li	ne 2(d) above satisfy the	e requirements of s	section 170(h)(4)(B)	
			(h)(4)(B)(ii)?				
9	In Part X	XIII, descrit	be how the organization reports	conservation easemen	ts in its revenue a	nd expense stateme	ent, and
			d include, if applicable, the text				•
			ounting for conservation easem		·		
Ра	rt III C	Organizat	tions Maintaining Collection	s of Art, Historical Tre	easures, or Oth	er Similar Assets	š.
	C	Complete	if the organization answere	d "Yes" to Form 990, F	Part IV, line 8.		
1a	If the or	rganization	elected, as permitted under S	FAS 116 (ASC 958), n	ot to report in its	s revenue stateme	nt and balance sheet
	works o	of art, histo	elected, as permitted under S orical treasures, or other simi vide, in Part XIII, the text of the	lar assets held for pub	lic exhibition, ed	lucation, or reseau	ch in furtherance of
b	If the or	rganization	n elected, as permitted under	SFAS 116 (ASC 958),	to report in its	revenue statemer	it and balance sheet
			orical treasures, or other simi vide the following amounts rela			iucation, or resear	on in futurerance of
			uded in Form 990, Part VIII, line				8
			d in Form 990, Part X				₽
2	. ,		n received or held works of a				
4		•	required to be reported under				a yan, provide the
2			d in Form 990, Part VIII, line 1				r
a b			Form 990, Part X				₿
			Act Notice, see the Instructions for				ρ hedule D (Form 990) 2013
						•••	

JSA 3E1268 2.000

		KOCH INS	TITUTE						27-49	67732		•
	dule D (Form 990) 2013 t III Organizations Maintaining Col	lections of	f Art, Hist	orical T	reasur	es, o	or Oth	er Simila	ar Asse	ets (cont		ige 2 d)
3	Using the organization's acquisition, acc collection items (check all that apply):	ession, and	other recor	ds, checl	k any o	f the	follow	ing that a	re a sig	nificant us	se of	its
а	Public exhibition		d	-	or excha		-					
b	Scholarly research		е	Other								
С	Preservation for future generations											
4	Provide a description of the organization	's collection	s and expla	ain how t	they fur	ther t	the org	ganization'	s exemp	t purpose	e in F	Part
_	XIII.											
5	During the year, did the organization solic									Vee		N
Der	assets to be sold to raise funds rather than									Yes		No
Par	t IV Escrow and Custodial Arrange or reported an amount on Form			ie organ	Ization	answ	verea	res to r	-orm 99	0, Part N	, ine	e 9,
	or reported an amount on Form	1990, Fait /	∧, III e ∠ I.									
1a	Is the organization an agent, trustee, custo	odian or othe	er intermedi	arv for co	ontributio	ons oi	r other	assets no	t			
	included on Form 990, Part X?			-					-	Yes		No
b	If "Yes," explain the arrangement in Part X											
		ļ		0	[A	mount			
с	Beginning balance					1c						
d	Additions during the year				[1d						
е	Distributions during the year											
f	Ending balance											
2a	Did the organization include an amount or	n Form 990,	Part X, line	21?					l	Yes		No
	If "Yes," explain the arrangement in Part X											
Par			1				1					
4.5		Current year	(b) Pric	or year	(c) Two	o years	back	(d) Three y	ears back	(e) Four y	ears ba	ack
1a 5	Beginning of year balance											
a o	Contributions											
C	and losses											
Ь	Grants or scholarships											
	Other expenditures for facilities											
Ū	and programs											
f	Administrative expenses											
	End of year balance											
2	Provide the estimated percentage of the c	urrent year e	end balance	e (line 1g,	column	(a)) h	neld as:					
а	Board designated or quasi-endowment		%	(O,		()/						
b	Permanent endowment	%										
С	Temporarily restricted endowment	%										
	The percentages in lines 2a, 2b, and $2c sh$											
3a	Are there endowment funds not in the pos	ssession of t	he organiza	ation that	are held	d and	admin	istered for	the			
	organization by:										es	No
	(i) unrelated organizations									3a(i)		
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization									3a(ii) 3b		
1	Describe in Part XIII the intended uses of							• • • • • •		30		
Par	t VI Land, Buildings, and Equipmen	-			100.							
ı aı	Complete if the organization ar	nswered "Ye	es" to Forn	n 990, Pa	art IV, I	ine 1	1a. Se	e Form §	90, Par	t X, line 1	0.	
	Description of property		r other basis stment)	(b) Cost o	or other ba ther)	asis		umulated eciation	(d) Book valu	е	
1a	Land		stitionty	(0			ucpri	Joiation				
b	Buildings											
с	Leasehold improvements			6	546,07	71.	2	39,024.		40	7,04	17.
d	Equipment				522,18			61,280.			0,90	
e	Other	•										
Tota	I. Add lines 1a through 1e. (Column (d) mu	ist equal Fori	m 990, Part	X, columi	n (B), lin	ne 10(c	c).)	►		56	7,95	51.
									Sched	lule D (Forn	n 990)	2013

JSA 3E1269 2.000 5425DW K922 11/17/2014 3:17:45 PM V 13-7.5F 094135

Schedule D (F	Form 990) 2013			Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11b. See Form 990, F	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
(1) Financia	al derivatives			
	-held equity interests			
(3) Other				
(A) DOM	ESTIC PARTNERSHIP	178,454,782.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
<u>(G)</u>				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	178,454,782.		
Part VIII		"Vee" to Ferm 000	Part IV line 11a See Form 000 F	Port V line 12
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Fallin	Complete if the organization answered	"Yes" to Form 990	Part IV line 11d See Form 990 F	Part X line 15
		Description		(b) Book value
(1)	(~)	2000110110		(2) 2001 10100
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u></u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990,	Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book value	e	
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 3E1270 1.000 Schedule D (Form 990) 2013

CHARLES KOCH IN	ISTITUTE
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	e D (Form 990) 2013		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part :	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	irn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b	-	
C	Other losses 2c		
d	Other (Describe in Part XIII.)		
	Add lines za through za	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.) 4b 4b	4.5	
с 5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	4c 5	
Part		5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V. I	ine 4: Part X. line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	

Schedule D (Form 990) 2013

SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Open to Public

3

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

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

Department of the Treasury Internal Revenue Service Name of the organization

ov/form990.	Inspection					
Employer i	dentification number					

2

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
_				
5	Does the organization discriminate by race in any way with respect to:	_		37
а	Students' rights or privileges?	5a		X
L.	Admissione policies?	.		v
b	Admissions policies?	5b		X
•	Employment of faculty or administrative staff?	5.0		Х
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		Х
ŭ		Ju		
е	Educational policies?	5e		Х
Ũ				
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
5				
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Х
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	
For I	Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 9	90 or 9	90-EZ)	(2013)

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

FORM 990, SCHEDULE E, PART I, LINE 3

THE ORGANIZATION HAS PUBLISHED ITS RACIALLY NONDISCRIMINATORY POLICY IN

THE WASHINGTON TIMES.

Schedule E (Form 990 or 990-EZ) (2013)

SCHEDULE I Grants and Other Assistance to Organizations, Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.		-	OMB No. 1545-0047
Department of the Treasury nternal Revenue Service	► Attach to Form 990.		Open to Public Inspection
ame of the organization		Employer identi	fication number
CHARLES KOCH IN	ISTITUTE	27-4967	732
Part I General In	formation on Grants and Assistance		
-	ation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or	assistance, a	nd

 the selection criteria used to award the grants or assistance?
 X
 Yes
 No

 2
 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
 No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INDIANA UNIVERSITY FOUNDATION							
PO BOX 6460 INDIANAPOLIS, IN 42206	35-6018940	501(C)(3)	30,000.				EDUCATIONAL
(2) UNIVERSITY OF NORTH_CAROLINA							
209 SOUTH ROAD CHAPEL HILL, NC 27599	56-6172047	501(C)(3)	22,500.				EDUCATIONAL
_(3)	-						
_(4)	-						
_(5)	-						
_(6)	-						
_(7)	-						
_(8)	-						
_(9)	-						
(10)	-						
(11)	-						
(12)	_						
2 Enter total number of section 501(c)(3) and ge	overnment o	rganizations list	ed in the line 1 tabl	e		•••••	2
3 Enter total number of other organizations liste	d in the line	1 table			<u></u> .	<u></u>	
For Paperwork Reduction Act Notice, see the Ins	structions fo	r Form 990.					ıle I (Form 990) (2013)
JSA							

3E1288 1.000

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4					
5					
6					
7					
7 Part IV Supplemental Information. Comp	lete this part to prov	vide the informa	tion required in	Part I, line 2, Part III, o	column (b), and any other addition

information.

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION PROVIDED GENERAL SUPPORT GRANTS TO BE USED FOR

CHARITABLE AND EDUCATIONAL PURPOSES. THE GRANT AWARD LETTERS PROHIBIT

THE GRANTEE FROM USING THE GRANT FUNDS FOR LOBBYING AND POLITICAL

PURPOSES, AND REQUIRE THE GRANTEE TO FURNISH A REPORT TO THE ORGANIZATION

DESCRIBING THE CHARITABLE AND EDUCATIONAL ACTIVITIES FULFILLED BY THE USE

OF GRANT FUNDS.

SCH	EDULE J	Compen	sation Information	0	MB No. 1	1545-0	047	
	n 990)		ctors, Trustees, Key Employees, and Highest		2013			
`	,		npensated Employees n answered "Yes" to Form 990, Part IV, line 23					
Departn	ent of the Treasury	Attach to Form 9	990. See separate instructions.	0	pen to			
	Revenue Service	Information about Schedule J (For	rm 990) and its instructions is at <i>www.irs.gov/</i> /		Insp		n	
	of the organization	ΤλΙΟΨΤΨΙΙΨΕ		Employer identificatior 27-496773		r		
Part	RLES KOCH I	INSTITUTE Is Regarding Compensation		27-496773	2			
Pari	Question	is Regarding Compensation				Yes	No	
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed in Form		100		
			provide any relevant information regarding					
		ss or charter travel	Housing allowance or residence for					
		or companions	Payments for business use of persor	•				
		emnification and gross-up payments	Health or social club dues or initiation					
		onary spending account	Personal services (e.g., maid, chauffe	eur, chef)				
b	If any of the	boxes on line 1a are checked, did th	e organization follow a written policy re penses described above? If "No," com	garding payment				
				piete Fait III to	1b			
2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all				
	directors, trus	stees, and officers, including the CEC	D/Executive Director, regarding the items	checked in line				
	1a?				2			
3			ization used to establish the compensation					
			at apply. Do not check any boxes for metho					
	_ ĭ	1	e CEO/Executive Director, but explain in Pa	art III.				
	· ·	nsation committee	Written employment contract					
	· ·	dent compensation consultant	X Compensation survey or study X Approval by the board or compensa					
		00 of other organizations						
4	During the year	ar, did any person listed in Form 990, F or a related organization:	Part VII, Section A, line 1a, with respect to	the filing				
а			ayment?		4a		X	
b	Participate in	or receive payment from a suppleme	ntal nonqualified retirement plan?		4b		X	
c			sed compensation arrangement?		4c		X	
			ovide the applicable amounts for each it					
	Only costion	EQ(a)(2) and $EQ(a)(4)$ are enjactions	must somelete lines E O					
5	-	501(c)(3) and 501(c)(4) organizations	line 1a, did the organization pay or accrue a	001				
5		n contingent on the revenues of:	ine ra, did the organization pay of accide a	шту				
а	-	-			5a		X	
	Any related of	rganization?			5b		X	
~	If "Yes" to line	e 5a or 5b, describe in Part III.						
6			line 1a, did the organization pay or accrue a	iny				
	compensatior	n contingent on the net earnings of:						
а	The organizat	ion?			6a		X	
b	Any related of	rganization?			6b		X	
		e 6a or 6b, describe in Part III.						
7			A, line 1a, did the organization provi	•				
			scribe in Part III		7	X		
8	-		paid or accrued pursuant to a contract					
		-	Regulations section 53.4958-4(a)(3)? If				v	
					8		X	
0	It "Voo" to !		ow the reputtable produmption presed				1	
9			ow the rebuttable presumption proced		9			

Page 2

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
LOGAN MOORE	(i)	143,888.	75,000.	0	7,038.	9,657.	235,583.		
1 DIRECTOR OF OPERATIONS	(ii)	0	0	0	0	0	()	
KATHLEEN ROBERTS	(i)	106,893.	50,000.	0	9,413.	0	166,306.		
2 DIRECTOR-ALUMNI/EXT. RELATIONS	(ii)	0	0	0	Q	0	()	
TONYA MULLINS	(i)	132,081.	15,000.	0	8,084.	11,211.	166,376.		
3 DIRECTOR-COMMUNICATIONS & MKTG	(ii)	0	0	0	0	0	()	
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
-	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)				+				
••	(i)								
14	(ii)				+		+		
	(i)								
15	(ii)				+		+		
10	(i) _								
16	(ii)				+				

Schedule J (Form 990) 2013

Page 3

Schedule J (Form 990) 2013

Part III Supplemental Information

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

FORM 990, SCHEDULE J, PART I, LINE 7

INCENTIVE COMPENSATION, NOT BASED ON FINANCIAL RESULTS OF THE INSTITUTE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on F	orm 990, Part IV, lines 29 or 30.
Attach to Form 990.	
▶ Information about Schedule M (Form 990) and its ins	structions is at www.irs.gov/form990.

Open To Public

Name of the organization

Employer	ider

CHARLES	KOCH	INSTITUTE

nployer identification number	
27-4967732	

Par	Types of Property			1	1
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock	X	1.	30,965,417.	MARKET VALUE
11	Securities - Partnership, LLC,				
••	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ►(
27	Other ►() Other ►() Other ►()				
28	Other ►()				
29	Number of Forms 8283 received		inization during the tax ye	ar for contributions for	
	which the organization completed F				29 1.
			-		Yes No
30 a	During the year, did the organizat				
	it must hold for at least three year				
	used for exempt purposes for the en	ntire holding	period?		30a X
b	If "Yes," describe the arrangement i				
31	Does the organization have a			-	
	contributions?				31 X
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash
	contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization did not report an	n amount in	column (c) for a type of pro	operty for which column (a)	is checked,
	describe in Part II.				
For Pa	aperwork Reduction Act Notice, see the Instr	ructions for Fo	rm 990.		Schedule M (Form 990) (2013

Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

FORM 990, SCHEDULE M, PART I, LINE 25, COL B

THE AMOUNT REPORTED IN PART 1, COLUMN B ON LINE 10 REPRESENTS THE NUMBER

OF CONTRIBUTIONS.

Schedule M (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

CHARLES KOCH INSTITUTE

Employer identification number

27-4967732

FORM 990, PART VI, SECTION A, LINE 2

CHARLES G. KOCH, ELIZABETH B. KOCH AND CHARLES CHASE KOCH HAVE A FAMILY

RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 2

VARIOUS OFFICERS AND DIRECTORS HAVE A BUSINESS RELATIONSHIP.

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

FORM 990, PART VI, SECTION A, LINE 9 CHARLES G. KOCH, ELIZABETH B. KOCH, CHARLES CHASE KOCH, HEATHER LOVE CAN BE REACHED AT 4111 E. 37TH STREET N, WICHITA, KS 67220

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

A COPY OF THE INSTITUTE'S FORM 990 WAS SENT TO AND REVIEWED BY THE INSTITUTE'S TREASURER AND SECRETARY. IF TIME ALLOWS, THE FORM 990 AND ALL REQUIRED SCHEDULES WILL BE PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C IN SUMMARY, THE INSTITUTE'S CONFLICT OF INTEREST POLICY COVERS PROPOSED TRANSACTIONS WHERE INTERESTED PERSONS (I.E., BOARD MEMBERS AND OFFICERS) MAY HAVE A FINANCIAL INTEREST IN A TRANSACTION BEING CONSIDERED BY THE

BOARD OF DIRECTORS OR A COMMITTEE THEREOF. THE BOARD OR COMMITTEE THEREOF HAS VARIOUS OPTIONS TO ADDRESS THE PROPOSED TRANSACTION AND WHETHER IT PRESENTS A CONFLICT OF INTEREST, INCLUDING EVALUATING THE FAIRNESS OF THE TRANSACTION, WHETHER TO APPOINT A DISINTERESTED PERSON(S) OR COMMITTEE TO EVALUATE THE TRANSACTION, CONSULTING LEGAL COUNSEL, ETC.

FORM 990 PART VI, SECTION B, LINES 15A & B

WITH RESPECT TO COMPENSATION FOR CKI OFFICERS FOR THE 2013 YEAR, MR. RICHARD FINK APPROVED THE COMPENSATION LEVELS AND THOSE INDIVIDUALS WERE COMPENSATED BASED ON COMPARABLE AMOUNTS PAID BY COMPARABLE ORGANIZATIONS FOR COMPARABLE SERVICES.

FORM 990, PART VI, SECTION C, LINE 19

THE INSTITUTE MAKES DOCUMENTS AVAILABLE IN ACCORDANCE WITH IRS RULES.

ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
STUDENT PROGRAM FEES	803,279.	803,279.	0	0
EDUCATIONAL PROGRAM FEES	330,929.	258,952.	71,977.	0
FACULTY FEES	121,325.	94,937.	26,388.	0
CORPORATE FILING	25,621.	20,048.	5,573.	0
TEMPORARY HELP	9,567.	7,486.	2,081.	0
STUDENT EDUCATIONAL PROGRAMS	293,844.	229,933.	63,911.	0
TOTALS	1,584,565.	1,414,635.	169,930.	0

Schedule O (Form 990 or 990-EZ) 2013

27-4967732

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Attach to Form 990.

See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

CHARLES KOCH INSTITUTE

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

	(a) applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CKI EVENTS, LLC	27-4967732					
4201 WILSON BLVD #110-493	ARLINGTON, VA 22203	SCHOOL EVENTS	DE	0	0	CKI
_(2)						
_(3)						
_(4)						
_(5)						
_(6)						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) rolled
						Yes	No
(1) CHARLES KOCH FOUNDATION 48-0918408							
P.O. BOX 2256 WICHITA, KS 67201	GRANT MAKING	KS	501(C)(3)	PF	N/A	X	
(2) CLAUDE R. LAMBE CHARITABLE FOUNDATION 48-0935563							
P.O. BOX 2256 WICHITA, KS 67201	GRANT MAKING	KS	501(C)(3)	PF	N/A	Х	
(3) KNOWLEDGE & PROGRESS FUND, INC. 54-1899251							
P.O. BOX 2256 WICHITA, KS 67201	GRANT MAKING	KS	501(C)(3)	PF	N/A	Х	
(4) FRED C. & MARY R. KOCH FOUNDATION, INC. 48-6113560							
P.O. BOX 2256 WICHITA, KS 67201	GRANT MAKING	KS	501(C)(3)	PF	N/A	Х	
(5)	_						
(6)	_						

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

Schedule R (Form 990) 2013

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

27-4967732

3

JSA 3E1307 1.000 Schedule R (Form 990) 2013

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

	nore related orga	anizations	s liealeu as a pa		lax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(† Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ther?	(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Sect 512(b contro entit
(1)						Yes
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

JSA 3E1308 1.000 Schedule R (Form 990) 2013

27-4967732

Schedule R (Form 990) 2013

Par	Transactions With Related Organizations Complete if the organization answered "Y	/es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	ſes	No
	During the tax year, did the organization engage in any of the following transactions with one or more						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)			L	1b		Х
С	Gift, grant, or capital contribution from related organization(s)			L	1c		Χ
d	Loans or loan guarantees to or for related organization(s)			L	1d		Χ
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)			[1f		Х
g	Sale of assets to related organization(s)			L	1g		Х
h	Purchase of assets from related organization(s)			L	1h		Χ
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	_	Χ
k	Lease of facilities, equipment, or other assets from related organization(s)			[1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)			L	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1 m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q	_	Χ
							37
r	Other transfer of cash or property to related organization(s)			••••• -	1r		X
	Other transfer of cash or property from related organization(s).				1s		Χ
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove					
	(a) Name of related organization	Transaction	(c) Amount involved	Method of	(d) f deterr	mining	g
		type (a-s)		amoun	t involv	ved	
(1)	CHARLES KOCH FOUNDATION	0	104,000.	FMV			
(1)			101,000.	1.1.1.1			
(2)							
(2)							
(3)							
(4)							
(5)							
(6)				Schedule R (Form	000) 1	2013
JSA 3E1309	1.000			Solieuule K (, orms	550) 2	-013

Page 3

Schedule R (Form 990) 2013

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501	e) partners tion c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) (i) Disproportionate allocations? discrete d		(j) General or managing partner?		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	(1 0111 1000)	Yes	No	
(1)	_												
(2)	-												
(3)	_												
(4)	_												
(5)	-												
(6)	-												
(7)	_												
(8)	-												
(9)	_												
10)	_												
11)	_												
12)	_												
13)	-												
14)	-												
15)	-												
16)													

JSA 3E1310 1.000 Schedule R (Form 990) 2013

Page 4

Schedule R	(Form	990) 2013
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Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

		F	empt Organiza	ation I	Ru		XTENSION (ED
Form	990-T		(and pro	oxy tax	un	der section 603	3(e))	···	OMB No. 1545-0687
	tment of the Treasury al Revenue Service	► In	ndar year 2013 or other tax y formation about Form 9	► See s 90-T and i	separ its ins	ate instructions. structions is available at	www.irs.gov/form		2013 Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		not enter SSN numbers on Name of organization (1		me changed and see instruct	-		501(c)(3) Organizations Only oyer identification number
A _	address changed			-				(Emplo	oyees' trust, see instructions.)
BExe	empt under section		CHARLES KOCH I	INSTITU	JTE				
Х	501(C <u>)(3</u>)	Print	Number, street, and room o	or suite no. If	a P.O	. box, see instructions.		27-4	967732
	408(e) 220(e)) or Type							ated business activity codes istructions.)
	408A 530(a)		1515 N COURTHO				200		
	529(a)	_	City or town, state or provir		, and 2	IP or foreign postal code			
	ok value of all assets end of year		ARLINGTON, VA	22201				9000	99
			up exemption number (Se		,				
			ck organization type				(c) trust	401(a)	trust Other trust
			rimary unrelated business						N
			corporation a subsidiary i		-		y controlled group?		▶ Yes X No
			identifying number of the	parent cor	porati			(21 C) 0	20.0206
1			HEATHER LOVE				one number		
			or Business Income			(A) Income	(B) Exper	nses	(C) Net
1a	Gross receipts or								
b	Less returns and allow			Balance ►	1c				
2	-		ule A, line 7)		2				
3			2 from line 1c	- F	3	6,216			6,216
4a	1 0	`	ttach Form 8949 and Sch	Ý F	4a	-114			-114
b			Part II, line 17) (attach Form		4b 4c	-114	•		-114
с 5			rusts		40 5	4,145,628.	ATCH 1	1	4,145,628
5 6		-	os and S corporations (attach		5 6	4,145,020	AICH	<u> </u>	4,145,020
0 7			come (Schedule E)		0 7				
8			nts from controlled organizations (8				
9			1(c)(7), (9), or (17) organization (· · · ·	9				
10			ncome (Schedule I)		10				
11			lule J)	F	11				
12			tions; attach schedule.)		12				
13	```		ough 12		13	4,151,730.			4,151,730
-	rt I Deductio	ns Not	Taken Elsewhere (S	See instr	-			Except f	
			be directly connecte				, ,		,
14			directors, and trustees (Sc				/	14	
15									
16									
17									
18									
19									298,629
20			See instructions for limitation						53,621
21	Depreciation (att	ach Form	4562)			21			
22	Less depreciation	n claimed	on Schedule A and elsew	here on re	turn	22a		22b	
23	Depletion							23	
24	Contributions to	deferred	compensation plans					24	
25			s						
26			Schedule I)						
27	Excess readershi	p costs (S	chedule J)					27	
28			chedule)						443
29			s 14 through 28						352,693
30			le income before net o						3,799,037
31			on (limited to the amount						
32			e income before specific						3,799,037
33			ally \$1,000, but see line						1,000
34			ble income. Subtract lin			0		<i>'</i>	
For	enter the smaller	of zero or	line 32 lotice, see instructions.				<u></u>	34	3,798,037
610 1.0	000				77 7	2 7 517	004125		Form 990-T (2013
	JHZJDW K9.		/17/2014 3:17:4	J PM	ν⊥	J-/.JF	094135		PAGE

Form	990-T (2013) CHARLES KOCH INSTITUTE	27-4967732 Page 2
Par	t III Tax Computation	
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group	
	members (sections 1561 and 1563) check here X See instructions and:	
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	
	(1) \$ 50,000. (2) \$ 25,000. (3) \$ 3,723,037.	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750). \$11,750.	
	(2) Additional 3% tax (not more than \$100,000)	
С	Income tax on the amount on line 34 ATCH 3	35c 1,291,333.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	1. Sugar 1. 1. 1. 1.
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041).	36
37	Proxy tax. See instructions	37
38	Alternative minimum tax	38
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39 1,291,333.
Par	t IV Tax and Payments	1 33 (2/252/0003.
40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	A SECTION OF SECTION O
ь	Other credits (see instructions),	
c	General business credit. Attach Form 3800 (see instructions)	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
	Total credits. Add lines 40a through 40d	40a
41	Subtract line 40e from line 39	41 1,291,333.
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42
43	Total tax. Add lines 41 and 42	43 1,291,333.
8.52	Payments: A 2012 overpayment credited to 2013	13 172517355.
b	2013 estimated tax payments	
c	Tax deposited with Form 8868	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	
	Backup withholding (see instructions)	
f	Credit for small employer health insurance premiums (Attach Form 8941)	
g		
	Other credits and payments: Form 2439 Form 4136 Other Total	
45	Total payments. Add lines 44a through 44g	45 1,500,000.
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached	46 17,504.
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48 191,163.
49	Enter the amount of line 48 you want: Credited to 2014 estimated tax <a>191, 163. Refunded	
Par	V Statements Regarding Certain Activities and Other Information (see instructions	5)
	At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority	
	account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, F	Report of Foreign
	Bank and Financial Accounts. If YES, enter the name of the foreign country here	X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	gn trust? X
	If YES, see instructions for other forms the organization may have to file.	
	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	
·	edule A - Cost of Goods Sold. Enter method of inventory valuation >	
	Inventory at beginning of year 6 Inventory at end of year	6
	Purchases	
	Cost of labor	wenter to the
4 a	Additional section 263A costs Part I, line 2,	7
	(attach schedule)	
	Other costs (attach schedule) . 4b property produced or acquired for to the organization?	
5	Total. Add lines 1 through 4b . 5 to the organization?	
Cian	i correct and complete Declaration of stabarer (other than texnever) is based on all information of which pregner has any knowledge.	i my knowledge and deler, it is true,
Sign Here		y the IRS discuss this return
nere		h the preparer shown below
******	Signature of officer V Date Title Print/Type preparer's name Preparer's slopature Date (see	instructions)? X Yes No
Paid		If PTIN
Prep		mployed PO1310558
Use	Only Firms and Data Marken 2001	
	Firm's address > 1201 WALNUT, SUITE 1700 Phone	
	KANSAS CITY, MO 64106-2246	Form 990-T (2013)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

Page 3

Form 990-T (2013)

(see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent 3(a) Deductions directly connected with the income (b) From real and personal property (if the for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) more than 50%) 50% or if the rent is based on profit or income) (1) (2)(3) (4)Total Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1 here and on page 1, Part I, line 6, column (A) Part I, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to 2. Gross income from or debt-financed property 1. Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2)(3)(4) 4. Amount of average 5. Average adjusted basis 8. Allocable deductions 6. Column of or allocable to acquisition debt on or 7. Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) (attach schedule) property (attach schedule) (1)% (2)% (3) % % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B). Totals Total dividends-received deductions included in column 8 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations 1. Name of controlled 2. Employer 5. Part of column 4 that is 6. Deductions directly 3. Net unrelated income 4. Total of specified included in the controlling identification number connected with income organization (loss) (see instructions) payments made organization's gross income in column 5 (1) (2)(3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is 11. Deductions directly 8. Net unrelated income 9. Total of specified 7. Taxable Income included in the controlling connected with income in (loss) (see instructions) payments made organization's gross income column 10 (1) (2)(3) (4) Add columns 5 and 10. Add columns 6 and 11. Enter here and on page 1, Enter here and on page 1, Part I, line 8, column (A). Part I, line 8, column (B). Totals Form **990-T** (2013) JSA 3E1630 1.000

			7), (9), or (17) Orga 3. Deductions			5. Total deductio
1. Description of income	2. Amount of	income	directly connected (attach schedule)		et-asides i schedule)	and set-asides (co plus col. 4)
1)						
(2)						
(3)						
4)						
• 1	Enter here and	on page 1,				Enter here and on p
	Part I, line 9, c					Part I, line 9, colum
Fotals						
Schedule I - Exploited Exe		come, Other	Than Advertising I	ncome (see instru	uctions)	
		3. Expenses	4. Net income (loss) from			7. Excess exer
	2. Gross unrelated	directly	unrelated trade or	5. Gross income	6. Expenses	expenses
1. Description of exploited activity	business income	connected with production of	business (column 2 minus column	from activity that is not unrelated	attributable to column 5	(column 6 mi column 5, but
	from trade or business	unrelated	3). If a gain,	business income	column 5	more than
		business incom	e compute cols. 5 through 7.			column 4)
1)			Ŭ			
2)						
3)						
4)						
	Enter here and on	Enter here and o	n			Enter here a
	page 1, Part I, line 10, col. (A).	page 1, Part I, line 10, col. (B)				on page 1, Part II, line 2
Totals		, /				,
Schedule J - Advertising Ir		uctions)				
Part I Income From Per			olidated Basis			
						7. Excess read
	3 (1999		4. Advertising			costs (colum
1. Name of periodical	2. Gross advertising	3. Direct	gain or (loss) (col. 2 minus col. 3). If	5. Circulation	6. Readership	minus column
·····	income	advertising cost	a gain, compute	income	costs	not more th
			cols. 5 through 7.			column 4)
						,
1)						
2)						
(3)						
4)						
Totals (carry to Part II, line (5))	•					
		ted on a Se	parate Basis (For	each periodical	listed in Part	II. fill in colu
	riodicals Repor		parate Basis (For	each periodical	listed in Part	II, fill in colu
Part II Income From Pe	riodicals Repor		· · ·	each periodical	listed in Part	
Totals (carry to Part II, line (5)) Part II Income From Pe 2 through 7 on a I	riodicals Repoi line-by-line basis	5.)	4. Advertising			7. Excess reade
Part II Income From Pe	riodicals Repor	3. Direct	4. Advertising gain or (loss) (col.	5. Circulation	6. Readership	7. Excess reade costs (colum
Part II Income From Pe 2 through 7 on a l	riodicals Repor line-by-line basis 2. Gross	5.)	4. Advertising gain or (loss) (col.			7. Excess read costs (colum minus column
Part II Income From Pe 2 through 7 on a l	riodicals Repo line-by-line basis 2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If	5. Circulation	6. Readership	7. Excess read costs (colum minus column not more the
Income From Pe 2 through 7 on a l 1. Name of periodical	riodicals Repo line-by-line basis 2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6. Readership	7. Excess reade costs (colum minus column not more that
Part II Income From Pe 2 through 7 on a l 1. Name of periodical 1)	riodicals Repo line-by-line basis 2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6. Readership	7. Excess reade costs (colum minus column not more that
Income From Pe 2 through 7 on a l 1. Name of periodical 1)	riodicals Repo line-by-line basis 2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6. Readership	7. Excess reade
Part II Income From Pe 2 through 7 on a l 1. Name of periodical 1) 2)	riodicals Repo line-by-line basis 2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6. Readership	7. Excess reade costs (colum minus column not more that
Part II Income From Per 2 through 7 on a l 1. Name of periodical	riodicals Repo line-by-line basis 2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6. Readership	7. Excess reade costs (colum minus column not more that
Income From Pe 2 through 7 on a l 1. Name of periodical 1) 2) 3) 4)	riodicals Repo line-by-line basis 2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6. Readership	7. Excess reade costs (colum minus column not more that
Part II Income From Pe 2 through 7 on a l	riodicals Repo line-by-line basis 2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation	6. Readership	7. Excess reade costs (colum minus column f not more tha column 4)
Part II Income From Pe 2 through 7 on a l 1. Name of periodical 1) 2) 3) 4)	2. Gross advertising income	3. Direct advertising cost	A. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation	6. Readership	7. Excess read costs (colum minus column not more th column 4)
Part II Income From Pe 2 through 7 on a l 1. Name of periodical 1) 2) 3) 4) Totals from Part I	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cost	A. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation	6. Readership	7. Excess read costs (colum minus column t not more that column 4)
Part II Income From Pe 2 through 7 on a l 1. Name of periodical 1) 2) 3) 4) Totals from Part I	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cost	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership	7. Excess read costs (colum minus column t not more that column 4)
Part II Income From Pe 2 through 7 on a l 1. Name of periodical 1) 2) 3) 4) Totals from Part I	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cost	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess read costs (colum minus column f not more the column 4)
Part II Income From Pe 2 through 7 on a l 1. Name of periodical 1) 2) 3) 4) Totals from Part I	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cost	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	f. Readership costs	7. Excess read costs (colum minus column f not more the column 4)
Part II Income From Perez through 7 on a least from periodical 1. Name of periodical 1) 2) 3) 4) Totals from Part I Schedule K - Compensation 1. Name	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cost	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	f. Readership costs	7. Excess read costs (colum minus column i not more th column 4)
Part II Income From Pe 2 through 7 on a l 1. Name of periodical 1) 2) 3) 4) Totals from Part I Schedule K - Compensation 1. Name 1) ATCH	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cost	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	f 4. Comp	7. Excess read costs (colum minus column i not more th column 4)
Part II Income From Pe 2 through 7 on a l 1. Name of periodical 1) 2) 3) 4) Totals from Part I Schedule K - Compensation 1. Name 1) ATCH 4 2)	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cost	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	f to 4. Comp un %	7. Excess read costs (colum minus column i not more th column 4)
Part II Income From Perevent	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cost	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	f. Readership costs	7. Excess read costs (colum minus column 1 not more the column 4)
Part II Income From Perez 1 1. Name of periodical 1. Name of periodical 1) 2) 3) 4) Totals from Part I Schedule K - Compensation 1. Name 1) ATCH 4 2) 3) 4)	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cost	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		f to 4. Comp un %	7. Excess read costs (colum minus column 1 not more the column 4)
Part II Income From Pe 2 through 7 on a l 1. Name of periodical 1. Name of periodical 1) 2) 3) 4) Fotals from Part I Fotals, Part II (lines 1-5)	2. Gross advertising income Enter here and on page 1, Part I, line 11, col. (A).	3. Direct advertising cost	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		f. Readership costs	7. Excess reade costs (colum minus column t not more tha column 4).

SCHEDULE O						
(Form 1120)						
(Rev. December 2012)						

Department of the Treasury Internal Revenue Service

Consent Plan and Apportionment Schedule for a Controlled Group

OMB No. 1545-0123

1	Employer ide
Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/	/form1120.
Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or	r 1120-RIC.

Name	Employer identification number						
CHARLES KOCH INSTITUTE	27-4967732						
Part I Apportionment Plan Information							
1 Type of controlled group:							
a Parent-subsidiary group							

•	- YP	
а		Parent-subsidiary group
b	X	Brother-sister group
с		Combined group
d		Life insurance companies only
u		
2		s corporation has been a member of this group:
а	X	For the entire year.
b		From, until
3	This	s corporation consents and represents to:
а		Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the
		current tax year which ends on, and for all succeeding tax years.
b		Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted
		plan, which was in effect for the tax year ending, and for all succeeding tax years.
с		Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting
U		
_		an apportionment plan.
d		Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an
		apportionment plan effective for the current tax year which ends on, and for all
		succeeding tax years.
4	If vo	ou checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment
-		
	piar	
а		Elected by the component members of the group.
b		Required for the component members of the group.
5	lf yo	ou did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment
	-	n (see instructions).
2		No apportionment plan is in effect and none is being adopted.
a		
D	LX	An apportionment plan is already in effect. It was adopted for the tax year ending $12/31/2012$, and for
		all succeeding tax years.
6	lf al	I the members of this group are adopting a plan or amending the current plan for a tax year after the due date
	(incl	luding extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations
		n the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?
		e instructions.
а		Yes.
	(i)	The statute of limitations for this year will expire on
	(ii)	On , this corporation entered into an agreement with the Internal Revenue Service to
	-	extend the statute of limitations for purposes of assessment until
b		No. The members may not adopt or amend an apportionment plan.
IJ		No. The memore may not adopt of amond an apportionment plan.
_	-	
7	Red	uired information and elections for component members. Check the applicable box(es) (see instructions).
а		The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount
		of its taxable income.
b		The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate

- method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- ____ The corporation has a short tax year that does not include December 31.

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

Schedule O (Form 1120) (Rev. 12-2012)

c

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

member's tax return.			Taxable Income Amount Allocated to Each Bracket						
(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))		
1									
CHARLES KOCH INSTITUTE	27-4967732	2013-12	50,000.	25,000.	3,723,037.	NONE	3,798,037.		
2 CHARLES KOCH FOUNDATION	48-0918408	2013-12	NONE	NONE	NONE	NONE	NONE		
3CLAUDE R. LAMBE CHARITABLE									
FOUNDATION	48-0935563	2013-12	NONE	NONE	NONE	NONE	NONE		
4									
KNOWLEDGE & PROGRESS FUND, INC.	54-1899251	2013-12	NONE	NONE	NONE	NONE	NONE		
6									
7									
8									
9									
10									
Total			50,000.	25,000.	3,723,037.	NONE	3,798,037.		

Schedule O (Form 1120) (Rev. 12-2012)

Schedule O (Form 1120) (Rev. 12-2012)

Part III Income Tax Apportionment (See instructions)

		Income Tax Apportionment							
(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))		
1									
CHARLES KOCH INSTITUTE	7,500.	6,250.	1,265,833.	NONE	11,750.	NONE	1,291,333.		
2									
CHARLES KOCH FOUNDATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE		
3 CLAUDE R. LAMBE CHARITABLE									
FOUNDATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE		
4									
KNOWLEDGE & PROGRESS FUND, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE		
5									
6									
7									
8									
9									
10									
Tatal									
Total	7,500.	6,250.	1,265,833.	NONE	11,750.	NONE	1,291,333. le O (Form 1120) (Rev. 12-2012)		

Schedule O (Form 1120) (Rev. 12-2012)

Page 3

Schedule O	(Form	1120) (Rev.	12-2012)

Part IV Other Apportionments (See instructions)

	Other Apportionments						
(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other		
1							
CHARLES KOCH INSTITUTE	NONE	40,000.	150,000.	17,868.	NONE		
2 CHARLES KOCH FOUNDATION	NONE	NONE	NONE	NONE	NONE		
3 CLAUDE R. LAMBE CHARITABLE							
FOUNDATION	NONE	NONE	NONE	NONE	NONE		
4							
KNOWLEDGE & PROGRESS FUND, INC.	NONE	NONE	NONE	NONE	NONE		
5							
6							
7							
8							
9							
10							
Total	NONE	40,000.	150,000.	17,868.	NONE		

Page 4

4,145,628.

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

NET ORDINARY INCOME - BRIDGEWATER K-1 4,145,628.

INCOME (LOSS) FROM PARTNERSHIPS

5425DW K922 11/17/2014 3:17:45 PM V 13-7.5F 094135

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

OTHER LOSS FROM BRIDGEWATER K-1	443.
PART II - LINE 28 - OTHER DEDUCTIONS	443.

27-4967732

ATTACHMENT 3

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1 2	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000	3,798,037.
	TAXABLE INCOME BRACKET, WHICHEVER IS LESS	50,000.
3	SUBTRACT LINE 2 FROM LINE 1	3,748,037.
4	LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000	
	TAXABLE INCOME BRACKET, WHICHEVER IS LESS	25,000.
5	SUBTRACT LINE 4 FROM LINE 3	3,723,037.
б	LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000	
	TAXABLE INCOME BRACKET, WHICHEVER IS LESS	3,723,037.
7	SUBTRACT LINE 6 FROM LINE 5	
8	ENTER 15% OF LINE 2	7,500.
9	ENTER 25% OF LINE 4	6,250.
10	ENTER 34% OF LINE 6	1,265,833.
11	ENTER 35% OF LINE 7	
12	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5% OF THE	
	EXCESS OVER \$100,000 OR (B) \$11,750	11,750.
13	MEMBER'S SHARE OF ADDITONAL TAX: (A) 3% OF THE	
	EXCESS OVER \$15 MILLION OR (B) \$100,000	
14	TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON	
	LINE 35C, PAGE 2, 990-T	1,291,333.

ATTACHMENT 4

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS <u>PERCENT</u>	COMPENSATION
CHARLES G. KOCH 4111 E. 37TH ST N WICHITA, KS 67220	DIRECTOR	0	0
CHARLES CHASE KOCH 4111 E. 37TH ST N WICHITA, KS 67220	DIRECTOR	0	0
ELIZABETH B. KOCH 1515 N COURTHOUSE RD 200 ARLINGTON, VA 22201	DIRECTOR	0	0
RICHARD FINK 1515 N COURTHOUSE RD 200 ARLINGTON, VA 22201	DIRECTOR	0	0
BRIAN MENKES 1515 N COURTHOUSE RD 200 ARLINGTON, VA 22201	SECRETARY	0	0
HEATHER LOVE 1515 N COURTHOUSE RD 200 ARLINGTON, VA 22201	TREASURER	0	0
KEVIN GENTRY 1515 N COURTHOUSE RD 200 ARLINGTON, VA 22201	VICE PRESIDENT	0	0

TOTAL COMPENSATION	0

SCHEDULE D (Form 1120)

Capital Gains and Losses

OMB No. 1545-0123

7

. .

580.

 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120. 					,	2013
Name				Ū		er identification number
CHARLES KOCH IN	NSTITUTE				2	7-4967732
Part I Short-Ter	m Capital Gains and Losses	- Assets Held O	ne Year or Less			
See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustment or loss from Fo 8949, Part I, lir	rm(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	column (g)	ie z,	the result with column (g)
1099-B for which ba which you have no a	erm transactions reported on Form asis was reported to the IRS and for adjustments (see instructions). However, ort all these transactions on Form 8949, and no to line 1b					

	which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
11	Totals for all transactions reported on Form(s) 8949					
	with Box A checked					
2	Totals for all transactions reported on Form(s) 8949					
	with Box B checked					
3	Totals for all transactions reported on Form(s) 8949					
	with Box C checked	3,635.	3,055.			580.
4	Short-term capital gain from installment sales from	Form 6252, line 26 or 3	7	 4		
5	Short-term capital gain or (loss) from like-kind excha	inges from Form 8824		 5		
6	Unused capital loss carryover (attach computation)			 6	()

7 Net	short-term capital gain or (loss). Combine lines 1a through 6 in column h	
Part II	Long-Term Capital Gains and Losses - Assets Held More Than One Year	•

	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
88	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, leave this line blank and go to line 8b					
8k	Totals for all transactions reported on Form(s) 8949					
	with Box D checked	5,453.				5,453.
9	Totals for all transactions reported on Form(s) 8949					
	with Box E checked					
10	Totals for all transactions reported on Form(s) 8949					
	with Box F checked.	183.				183.
11	1 Enter gain from Form 4797, line 7 or 9					
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12	
13	3 Long-term capital gain or (loss) from like-kind exchanges from Form 8824					
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss). Combine lines 8	a through 14 in column	h		15	5,636.
Par	III Summary of Parts I and II					
16	Enter excess of net short-term capital gain (line 7) of	over net long-term capita	al loss (line 15)		16	580.
17	7 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)					5,636.
18	Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 6,					
	Note. If losses exceed gains, see Capital losses in the					
For P	aperwork Reduction Act Notice, see the Instruction	s for Form 1120.			Sc	hedule D (Form 1120) (2013)

|--|--|

Department of the Treasury

Internal Revenue Service

F

Sales and Other Dispositions of Capital Assets

Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
CHARLES KOCH INSTITUTE	27-4967732

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part I Short-Term. Transactions involving capital assets you held one year or less are short-term. 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 total directly on Schedule D, line 1a; you are not 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 was not reported to the IRS

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the	enter a co	any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed (Mo., day, yr.)	(sales price) (see instructions)	Note below 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)	
STCL FROM PARTNERSHIP K-1	VARIOUS	VARIOIUS		3,055.			-3,055.	
STCG 40% OF SECTION 1256 GAIN	VARIOUS	VARIOUS	3,635.				3,635.	
2 Totals. Add the amounts in column act negative amounts). Enter each your Schedule D, line 1b (if Box A Box B above is checked), or line 3	n total here an above is check	d include on ed), line 2 (if	3,635.	3,055.			580.	

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 (2013)	Attachment Sequence No. 12A Pa				
Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)	Social security number or taxpayer identification number				
CHARLES KOCH INSTITUTE	27-4967732				

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term Part II 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 total directly on Schedule D, line 8a; you are not 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.

X (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 was not reported to the IRS

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	Adjustment, if a If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
	(MO., Gay, yi.)	(Mo., day, yr.)	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LTCG 60% OF SECTION 1256 GAIN	VARIOUS	VARIOUS	5,453.				5,453.
2 Totals. Add the amounts in colu (subtract negative amounts). Ei include on your Schedule D, line checked), line 9 (if Box E above	nter each tota e 8b (if Box D	l here and above is					
(if Box F above is checked) ►	t the basis rer	orted to the l	5,453.	ontor in column	(a) the basis	a reported to the	5,453.

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.

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JSA 3X2616 2.000

Form 8949 (2013)	Attachment Sequence No. 12A Pag				
Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)	Social security number or taxpayer identification number				
CHARLES KOCH INSTITUTE	27-4967732				

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. 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 total directly on Schedule D, line 8a; you are not 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 was not reported to the IRS

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	Adjustment, if If you enter an a enter a co See the sepa	Gain or (loss). Subtract column (e) from column (d) and	
	(,,,,	(Mo., day, yr.)	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LTCG FROM PARTNERSHIP K-1	VARIOUS	VARIOUS	183.				183.
2 Totals. Add the amounts in colu (subtract negative amounts). E include on your Schedule D, lin checked), line 9 (if Box E above (if Box F above is checked) ▶	nter each tota e 8b (if Box D	l here and above is	183.				183.

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 (2013)

Form	22	22	U		
Department of the Treasury Internal Revenue Service					
Name	•				

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0142

3

Attach to the corporation's tax return.

Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Employer identification number 27-4967732

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CHARLES KOCH INSTITUTE

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part	Required Annual Payment			
1	Total tax (see instructions)		1	1,291,333.
2a b	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 . Look-back interest included on line 1 under section $460(b)(2)$ for completed long-term	2a	-	
с	contracts or section 167(g) for depreciation under the income forecast method Credit for federal tax paid on fuels (see instructions)		-	
d	Total. Add lines 2a through 2c		2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete does not owe the penalty	3	1,291,333.	
4	Enter the tax shown on the corporation's 2012 income tax return (see instruction the tax year was for less than 12 months, skip this line and enter the amount	4		
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation the amount from line 3		5	1,291,333.
Part		any boxes are checked, th		corporation must file
6	The corporation is using the adjusted seasonal installment method.			
7	X The corporation is using the annualized income installment method			

X The corporation is using the annualized income installment method.

The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(c)	(d)			
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (<i>Form 990-PF filers:</i> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/2013	06/17/2013	09/16/2013	12/16/2013			
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each								
	column	10	140,337.	140,337.	113,350.	<u>557,548.</u>			
11	Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11							
	before going to the next column.								
12	Enter amount, if any, from line 18 of the preceding column	12							
13	Add lines 11 and 12	13							
14	Add amounts on lines 16 and 17 of the preceding column	14		140,337.	280,674.	394,024.			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15							
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		140,337.	280,674.				
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to								
18	line 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column		140,337.	140,337.	113,350.	557,548.			
Go to	o to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.								

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2013)

		(a)		(b)	(c)		(d)	
Enter the date of payment or the 15th day of the 3rd month after								
the close of the tax year, whichever is earlier (see instructions).								
(Form 990-PF and Form 990-T filers: Use 5th month instead of								
3rd month.)	19							
Number of days from due date of installment on line 9 to the								
date shown on line 19	20							
Number of days on line 20 after 4/15/2013 and before 7/1/2013	21							
Underpayment on line 17 x Number of days on line 21 $\times 3\%$	22	\$	\$		\$		\$	
365								
Number of days on line 20 after 6/30/2013 and before 10/1/2013	23	ATTACHME	NT	1				
Underpayment on line 17 x Number of days on line 23 $_{X3\%}$	24	\$	\$		\$		\$	
365		SEE PENAL	TY	COMPUTA	TION WI	HITE	PAPER	DETA
Number of days on line 20 after 9/30/2013 and before 1/1/2014	25							
Underpayment on line 17 x Number of days on line 25 x 3%	26	\$	\$		\$		\$	
365								
Number of days on line 20 after 12/31/2013 and before 4/1/2014	27							
Underpayment on line 17 x Number of days on line 27 x*%	28	\$	\$		\$		\$	
365								
Number of days on line 20 after 3/31/2014 and before 7/1/2014	29							
Underpayment on line 17 x Number of days on line 29 x*%	30	\$	\$		\$		\$	
365								
Number of days on line 20 after 6/30/2014 and before 10/1/2014	31							
Underpayment on line 17 x Number of days on line 31 x*%	32	\$	\$		\$		\$	
365								
Number of days on line 20 after 9/30/2014 and before 1/1/2015	33							
Underpayment on line 17 x Number of days on line 33 x*%	34	\$	\$		\$		\$	
365								
Number of days on line 20 after 12/31/2014 and before 2/16/2015	35							
Underpayment on line 17 x Number of days on line 35 x^{*} %	36	\$	\$		\$		\$	
365								
Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$		\$		\$	
Penalty. Add columns (a) through (d) of line 37. Enter the to				line 33: or th		e		
line for other income tax returns						. 38	\$ 17	504.

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at *www.irs.gov.* You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2013)

Form 2220 (2013)

Annualization periods (see instructions) Enter taxable income for each annualization period		(a)	(b)	(c)	(d)
			1	1	
Enter toyohile in come for each energy direction period	20	First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
(see instructions for the treatment of extraordinary items)	21	275,171.	412,756.	772,595.	2,099,060
Annualization amounts (see instructions)	22	6.00000	4.00000	2.00000	1.3333
Annualized taxable income. Multiply line 21 by line 22	23a	1,651,026.	1,651,024.	1,545,190.	2,798,740
Extraordinary items (see instructions)	23b				
Add lines 23a and 23b Figure the tax on the amount on line 23c using the	23c	1,651,026.	1,651,024.	1,545,190.	2,798,740
instructions for Form 1120, Schedule J, line 2 (or comparable line of corporation's return)	24	561,349.	561,348.	525,365.	951,572
payment period (see instructions)	25				
Enter any other taxes for each payment period (see instructions)	26				
Total tax. Add lines 24 through 26	27	561,349.	561,348.	525,365.	951,572
allowed on Form 2220, lines 1 and 2c (see instructions)	28				
Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29	561,349.	561,348.	525,365.	951,572
Applicable percentage	30	25%	50%	75%	100%
Multiply line 29 by line 30	31	140,337.	280,674.	394,024.	951,572
Note: Complete lines 32 through 38 of one column before completing the next column.		1st installment	2nd installment	3rd installment	4th installment
If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the		140 227	200 674	204 024	
Add the amounts in all preceding columns of line 38 (see instructions)	32	140,337.			<u>951,572</u> 394,024
Adjusted seasonal or annualized income installments. Subtract line 33 from line 32.	34	140 337			557,548
Enter 25% of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35				322,833
Subtract line 38 of the preceding column from line 37 of the preceding column	36	- ,	182,496.	364,992.	574,475
Add lines 35 and 36	37	322,833.	505,329.	687,825.	897,308
Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10 (see instructions)	30				557,548
	Add lines 23a and 23b Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2 (or comparable line of corporation's return) Enter any alternative minimum tax for each payment period (see instructions) Enter any other taxes for each payment period (see instructions) Total tax. Add lines 24 through 26 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions) Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- Applicable percentage Multiply line 29 by line 30 rt III Required Installments Note: Complete lines 32 through 38 of one column before completing the next column. If only Part 1 or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31. Add the amounts in all preceding columns of line 38 (see instructions) Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0- Enter 25% of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter Subtract line 38 of the preceding column from line 37 of the preceding column	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2 (or comparable line of corporation's return)24Enter any alternative minimum tax for each payment period (see instructions)25Enter any other taxes for each payment period (see instructions)26Total tax. Add lines 24 through 2627For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions)28Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-29Applicable percentage30Multiply line 29 by line 3031rt III Required InstallmentsNote: Complete lines 32 through 38 of one column before completing the next column.If only Part I or Part II is completed, enter the amounts in each column from line 19 or line 31.Add the amounts in all preceding columns of line 38 (see instructions)33Adjusted seasonal or annualized income installments. Subtract line 33 from line 32.34Enter 25% of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter35Subtract line 38 of the preceding column from line 37 of the preceding column36Add lines 35 and 3637Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of	Add lines 23a and 23b23c1,651,026.Figure the tax on the amount on line 23c using the instructions for Form 1120. Schedule J, line 2 (or comparable line of corporation's return)24561,349.Enter any alternative minimum tax for each payment period (see instructions)2526Enter any other taxes for each payment period (see instructions)2627Total tax. Add lines 24 through 2627561,349.For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions)2828Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-29561,349.Applicable percentage3025%Multiply line 29 by line 3031140,337. rt III Required Installments 1st installmentIf only Part I or Part II is completed, enter the amounts in each column from line 19 or line 31. of line 38 (see instructions)33Add the amounts in all preceding columns of line 38 (see instructions)33Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-34Add the amounts in all preceding column of line 38 of the preceding column from line 37 of the preceding column37Add lines 35 and 3637322,833.Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of37	Add lines 23a and 23b. 23c 1,651,026. 1,651,024. Figure the tax on the amount on line 23c using the instructions for Form 1120. Schedule 4, line 2 (cromparable line of corporation's return) 24 561,349. 561,348. Enter any alternative minimum tax for each payment period (see instructions). 25 24 561,349. 561,348. For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 22 (see instructions). 26 27 561,349. 561,348. Total tax. Add lines 24 through 26. 27 561,349. 561,348. 28 Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- 29 561,349. 561,348. Applicable percentage 30 25% 50% 30 25% 50% Multiply line 29 by line 30 31 140,337. 280,674. 74. ft III Required Installments 32 140,337. 280,674. Add the amounts in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31. If 2 and installment 33 140,337. 280,674. Add the amounts in all preceding columns of line 38 (see instructions). 33 140,337. 280,674.	Add lines 23a and 23b,

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27-4967732

ATTACHMENT 1

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD UND	ERPAYMENT	BEG.DATE	END DATE	DAYS	0/0	PENALTY
QUARTER 1, RATE P	ERIOD 1 (04	/15/2013 -	05/15/2014)	=		
		04/15/2013 LINE 22, CC	05/15/2014 DLUMN A	395	3	<u>4,556.</u> <u>4,556.</u>
QUARTER 2, RATE P	ERIOD 1 (06	/17/2013 -	05/15/2014)	=		
		06/17/2013 LINE 22, CC	05/15/2014 DLUMN B	332	3	<u> </u>
QUARTER 3, RATE P	ERIOD 1 (09	/16/2013 -	05/15/2014)	=		
		09/16/2013 LINE 22, CC	05/15/2014 DLUMN C	241	3	<u>2,245.</u> 2,245.
QUARTER 4, RATE P	ERIOD 1 (12	/16/2013 -	05/15/2014)	=		
		12/16/2013 LINE 22, CC	05/15/2014 DLUMN D	150	3	<u> 6,874.</u> <u> 6,874.</u>

TOTAL UNDERPAYMENT PENALTY

17,504.

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Part I

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts

Under Sections 179 and 280F(b)(2))

Attach to your tax return. Attachment Department of the Treasury Sequence No. 27 ▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797. Internal Revenue Service Identifying number Name(s) shown on return CHARLES KOCH INSTITUTE 27-4967732 Enter the gross proceeds from sales or exchanges reported to you for 2013 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) 1 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale -114. ATTACHMENT 1 3 Gain, if any, from Form 4684, line 39 3 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 Gain, if any, from line 32, from other than casualty or theft 6 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 -114. Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years (see instructions) 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) 9 Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 114) 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 -114. 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a."

For Paperwork Reduction Act Notice, see separate instructions.

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18a

18b

OMB No 1545-0184

See instructions

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14

Form	4797	(201	3)
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Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

	(see instructions)								
19	(a) Description of section 1245, 1250, 1252, 1254,		(b) Date acquire (mo., day, yr.)	d	(c) Date sold (mo., day, yr.)				
Α									
В									
 D									
	These columns relate to the properties on lines 19A through 19I	D. 🕨	Property A	Property B		Property C	;	Property D	
20	Gross sales price (Note: See line 1 before completing.)	1							
21	Cost or other basis plus expense of sale	21							
22	Depreciation (or depletion) allowed or allowable	22							
23	Adjusted basis. Subtract line 22 from line 21	23							
23		23							
24	Total gain. Subtract line 23 from line 20	24							
		24							
25	If section 1245 property:	05-							
	Depreciation allowed or allowable from line 22								
26	 Enter the smaller of line 24 or 25a If section 1250 property: If straight line depreciation was 	25b							
20	used, enter -0- on line 26g, except for a corporation subject to section 291.								
а	Additional depreciation after 1975 (see instructions).	26a							
k	Applicable percentage multiplied by the smaller of								
	line 24 or line 26a (see instructions)	26b							
c	Subtract line 26a from line 24. If residential rental property								
	or line 24 is not more than line 26a, skip lines 26d and 26e	26c							
c	Additional depreciation after 1969 and before 1976	26d							
	Enter the smaller of line 26c or 26d	26e							
	Section 291 amount (corporations only)								
	Add lines 26b, 26e, and 26f	26g							
27	If section 1252 property: Skip this section if you did not								
	dispose of farmland or if this form is being completed for a								
	partnership (other than an electing large partnership). Soil, water, and land clearing expenses	27a							
	Line 27a multiplied by applicable percentage (see instructions).								
	Enter the smaller of line 24 or 27b	27c							
	I Intangible drilling and development costs, expenditures								
-	for development of mines and other natural deposits,								
	mining exploration costs, and depletion (see instructions).								
_	Enter the smaller of line 24 or 28a	28b							
	If section 1255 property:								
а	Applicable percentage of payments excluded from								
	income under section 126 (see instructions)	29a							
	Enter the smaller of line 24 or 29a (see instructions).								
Su	mmary of Part III Gains. Complete proper	ty co	olumns A through	D through line	29k	before going	to lir	ne 30.	
30	Total gains for all properties. Add property columns a	A thro	ough D, line 24				30		
31									
32	Subtract line 31 from line 30. Enter the portion from	the portion from							
	other than casualty or theft on Form 4797, line 6		<u></u>	<u></u>		<u></u>	32		
Pa	ITT IV Recapture Amounts Under Section (see instructions)	าร 1 ⁻	79 and 280F(b)(2)	When Busine	SS	Use Drops to a	50%	or Less	
	· ·					(a) Section		(b) Section	
						179		280F(b)(2)	
33	ection 179 expense deduction or depreciation allowable in prior years								
34	Recomputed depreciation (see instructions)				34				
34 35	Recapture amount. Subtract line 34 from line 33. Se				35			<u> </u>	
	recupione amount. Cubitact line 34 nom line 33. Se				55	1			

Form 4797 (2013)

CHARLES KOCH INSTITUTE Supplement to Form 4797 Part I Detail

ATTACHMENT 1

	Date	Date	Gross Sales	Depreciation Allowed	Cost or Other	Gain or (Loss)
Description	Acquired	Sold	Price	or Allowable	Basis	for entire year
PARTNERSHIP K-1 LOSS	VARIOUS	VARIOUS			114.	-114
Totals						-114

JSA 3XA258 1.000

ATTACHMENT 1