- 1						191	2	
Sæom 990-T	Ex	kempt Organization					rn	OMB No 1545-0047
87)	For cale	(and proxy tax ndar year 2019 or other tax year begin					1 9	2019
Department of the Treasury Internal Revenue Service		► Go to www irs gov/Form990					<u>,,,,</u> }	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		not enter SSN numbers on this form a Name of organization (me changed and see				501(c)(3) Organizations Only oyer identification number
address changed				•		ŕ	(Emplo	oyees' trust, see instructions)
B Exempt under section	1	CHARLES KOCH INSTIT	UTE					
X 501(CQ 3)	Print	Number, street, and room or suite no	lf a P O	box, see instructions	5			967732
408(e) 220(e)	Туре			500				ated business activity code structions)
408A530(a)	ì	1320 N COURTHOUSE R						
529(a) C Book value of all assets	-	City or town, state or province, country ARLINGTON, VA 22201	у, апи и	er or toreign postar c	ode		9000	99
at end of year	F Gro	up exemption number (See instruct	ions)	>			3000	
385,547,571.		eck organization type X 501			501(c	;) trust	401(a)	trust Other trust
		inization's unrelated trades or busine				Describe	the only	(or first) unrelated
trade or business he	re ▶PAF	RTNERSHIP INCOME FROM	K-1	If c	only one,	complete Parts I-	-V If more	e than one, describe the
·		end of the previous sentence, co	mplete	Parts I and II, com	plete a S	ichedule M for eac	ch addition	nal
trade or business, th								▶ Yes X No
- · ·		corporation a subsidiary in an affil identifying number of the parent co	_		ibsidiary (controsea group?		▶ Yes _^ No
J The books are in care			porati		Telephon	ne number ▶ 57	1-290-	-6811
		or Business Income		(A) Incom		(B) Expen		(C) Net
1 a Gross receipts or	sales							
b Less returns and allowa		c Balance	1c					
-	•	ule A, line 7)	2					
		2 from line 1c	3	2	,475.			2,475.
		ttach Schedule D)	4a 4b		,862.			-17,862.
= , , ,		rusts	4c					
		r an S corporation (attach statement)	-	1,646	,521.	ATCH 1		1,646,521.
6 Rent income (Sch	nedule C)		6					
7 Unrelated debt-fit	nanced in	come (Schedule E)	7					
		nts from a controlled organization (Schedule F)	$\overline{}$		_/			
•		1(c)(7), (9) or (17) organization (Schedule G)			/	ļ		<u> </u>
		ncome (Schedule I)	10			<u> </u>	-	
		tions, attach schedule)			_	-		
		ough 12		1,631,	134.			1,631,134.
Part II Deduction	ns Not	Taken Elsewhere (See insti	ructio	ns for limitatio	ns on d	leductions)([Deduction	ons must be directly
		ne unrelated business incom	-/-					
		directors, and trustees (Schedule K)						
15 Salaries and wage16 Repairs and main	es						15	
								
		(see instructions)						
		<i>. [</i>					. 19	76,198.
		4562)						
		on Schedule A and elsewhere on re					21b	
22 Depletion		compensation plans						
								<u>-</u>
		Schedule I)						
26 Excess readership	costs (So	chedule J)					. 26	
27 Other deductions	(attach s	chedule)				ATCH.2.	. 27	12,700.
		s 14 through 27						88,898.
		le income before net operating						1,542,236.
		g loss arising in tax years beginning income Subtract line 30 from line					30	1,542,236.
For Paperwork Reduct			∠∃	· · · · · · · · · · · · · · · · · · ·		<u> </u>	ı. _[3]1	Form 990-T (2019)
JSA 2740 1 000				•				()

Gr Ve PAGE 59

Form	990-J (2019) CHARLES KOCH INSTITUTE	27-4967732	Page
Par		-, , ,	
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
33	Instructions) Amounts paid for disallowed fringes	1,542	,236
34	Charitable contributions (see instructions for limitation rules)	84 159	,501.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line		
	34 from the sum of lines 32 and 33	35 1,382	,735.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	11	,
••	instructions)		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	1,382	.735
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	-3f	,000
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,		,
	enter the smaller of zero or line 37	39 1,381	,735.
Par	Tax Computation	· · · · · · · · · · · · · · · · · · ·	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21).	40 290	,164.
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on		
• •	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax See instructions		
43	Alternative minimum tax (trusts only).	43	
44	Tax on Noncompliant Facility Income See instructions	44	
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 290	,164.
Par	Tax and Payments	<u></u>	
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
b	Other credits (see instructions)		
С	General business credit Attach Form 3800 (see instructions		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47 290	,164.
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	
49	Total tax Add lines 47 and 48 (see instructions)		,164.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	Payments A 2018 overpayment credited to 2019	•	
b	2019 estimated tax payments		
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 51g	070	,092.
52	Total payments Add lines 51a through 51g	52 970	727.
53			727.
54 E E	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 679	,201.
55 56	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ 679, 201. Refunded ▶	56	, 201.
Par			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		s No
9,	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		+
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	·	l
	here	Torcigit country	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	on trust?	- x
	If "Yes," see instructions for other forms the organization may have to file		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
<u> </u>	Under penalties of penury I declare that I have examined this return, including accompanying schedules and statements, and to the burdle, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my knowledge and b	elief, it is
Sign	GGWB75 11/16/2020 Man	the IRS discuss this	
Here	SIGN ACRE 17 107 2020 TREASURER with	the prep <u>arer</u> shown	
	11. \ /	instructions)?X Yes	No
	Print/Type preparer's name Preparer's Augusture 51 Date Check	If PTIN	
Paid	MICHAEL J ENGLE	nployed P004828	34
Prep Use	Cally Firm's name P BND, BBI	EIN ► 44-016026	
	Firm's address ► 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phone	no 816-221-630	
JSA		Form 990-7	[(2010)

Form 990-T (2019)

Total dividends-received deductions included in column 8.

Schedule F – Interest, Ann	uities, Royaltie			ntrolled Or			zauc	113 (30)	- matructi	0113)	
1 Name of controlled organization	2 Employer identification numb	iei		ated income nstructions)	4 Total payme	of spec	ایہ	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with incom in column 5	
(1)											
(2)											
(3)					ļ <u></u>		_				
(4)											
Nonexempt Controlled Organiz	zations								 -		
7 Taxable Income	8 Net unrelated in (loss) (see instruc	I .		Total of specific ayments made		ind	luded	of column in the col ion's gross	ntrolling		Deductions directly nected with income in column 10
(1)											
(2)											
(3)											
(4)											···
Totals			<u></u>	 (9), or (17	▶ ') Orga	Er Pa	iter he art I, lii	lumns 5 a re and on ne 8, colur see inst	page 1, nn (A)	Ent	Id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of		1 7	3 Deduction directly cor (attach sch	tions inecled			4 Se	l-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				·							
(2)											
(3)				-							
(4)											
Totals	Enter here and Part I, line 9, c	olumn (A)	er Th	an Adverti	sing In	com	e (se	e instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected or production unrelated business inc	with of	4 Net incon from unrelat or business 2 minus col If a gain, co	ed trade (column umn 3) ompute	from	5 Gross income from activity that is not unrelated business income 6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)		•									
(2)						-					
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	τI,								Enter here and on page 1, Part II, line 25
Totals				1					*******		
Part I Income From Peri	iodicals Report	ed on a Co	nsoli	idated Bas	sis						
1 Name of penodical	2 Gross advertising income	3 Direct advertising c		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 6 Readership costs			7 Excess readership costs (column 6 minus column 5, but not more than column 4)				
(1)											
(2)			-	•							
(3)											
(4)							_				
Table (complete form)											
Totals (carry to Part II, line (5))	<u> </u>								<u> </u>		Form 990-T (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	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 readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	<u></u>			,		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶				•		
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1 Name			Title	3 Percent of time devoted to		on attributable to

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATCH 4		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14.			

Form 990-T (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning $\, \underline{\hspace{1cm} 01/01} \,$, 2019, and ending $\, \underline{\hspace{1cm} }$ 12/31 .20 19

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

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

Name of the organization				Employer ident	tification number
CHARLES KOCH INSTITUTE			;	27-49677	32
Unrelated Business Activity Code (see instructions)▶	900099		-		
Describe the unrelated trade or business ▶ EFPRP	INVESTMEN	TS LLC PARTNERSH	IP K-1		
Part I Unrelated Trade or Business Income		(A) Income	(B) Exp	enses	(C) Net

		Γ				
1 a	Gross receipts or sales					
b						
2	Cost of goods sold (Schedule A, line 7)					
3	Gross profit Subtract line 2 from line 1c		67 212	··-		67,212.
4 a	Capital gain net income (attach Schedule D)	4a	67,212.			07,212.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH 5 .	5	-14,436.			-14,436.
6	Rent income (Schedule C)	6_				
7	Unrelated debt-financed income (Schedule E)	7			_	
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9_				
10	Exploited exempt activity income (Schedule I)					
11	Advertising income (Schedule J)					
12	Other income (See instructions, attach schedule)	12				
13	Total Combine lines 3 through 12	13	52,776.			52,776.
Pa	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income.)	ns fo	r limitations on deductions) (Deductions n	nust t	pe directly
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	

	connected with the differences income y		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	1	
16	Repairs and maintenance	1	
17	Bad debts	1	
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	1	
26	Excess readership costs (Schedule J)	1	
27	Other deductions (attach schedule)		
28	Total deductions Add lines 14 through 27		
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	52,776.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		52,776.
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

27-4967732

ATTACHMENT 1

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

NET ORDINARY INCOME - BAIH, LP K-1

1,646,521.

INCOME (LOSS) FROM PARTNERSHIPS

1,646,521.

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES

12,700.

PART II - LINE 27 - OTHER DEDUCTIONS

12,700.

ATTACHMENT	3	

	_
UNRELATED TRADE OR BUSINESS INCOME	1,631,134.
UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M)	52,776.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	88,898.
DED W/O CHARITABLE CONTRIBUTIONS & DPAD (SCH M)	52,776.

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

* 10% CHARITABLE CONTRIBUTION LIMITATION (10%) 159,502.

CHARITABLE CONTRIBUTION 159,501.

CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO) 159,502.

5425DW K922 11/16/2020 4:25:35 PM V 19-7.7F 0094135

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ATTACHMENT 4

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
BRIAN HOOKS 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	PRESIDENT/DIRECTOR	0	0.
CHARLES CHASE KOCH 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	DIRECTOR/VICE CHAIRMAN	0	0.
CHARLES G. KOCH 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	CHAIRMAN	0	0.
ELIZABETH B. KOCH 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	DIRECTOR	0	0.
DALE GIBBENS 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	EXECUTIVE VICE PRESIDENT	0	0.
BRIAN MENKES 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	SECRETARY	0	0.
SUSAN MOTIFF 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	TREASURER	0	0.
DEREK JOHNSON 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	EXECUTIVE DIRECTOR	0	0.
DAVE ROBERTSON 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	DIRECTOR	0	0.
WILLIAM RUGER 1320 N COURTHOUSE ROAD STE 500 ARLINGTON, VA 22201	VICE PRESIDENT-RESEARCH/POLICY	0	0.

ATTACHMENT 4 (CONT'D)

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

NAME AND ADDRESS

TITLE

BUSINESS

PERCENT

COMPENSATION

TOTAL COMPENSATION

ATTACHMENT 5

EFPRP INVESTMENTS LLC PARTNERSHIP K-1

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

NET ORDINARY INCOME - EFPRP INVESTMENTS K-1

-14,436.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-14,436.

SCHEDULE D (Form 1120)

Capital Gains and Losses

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0123

Name					Employ	er identifica	tion number
CHA	RLES KOCH INSTITUTE				2	27-4967	732
Did th	ne corporation dispose of any investment(s) in a	qualified opportunit	y fund during the tax	k year?	▶	Yes	X No
	s," attach Form 8949 and see its instructions fo				ss		
Part							
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments		(h) Gain oi	
	This form may be consisted complete if you round off coats to	Proceeds	Cost	or loss from For 8949, Part I, Im			olumn (e) from and combine
	This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	column (g)	,		with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			-			
1 b	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	120 606	40.000				100 503
	with Box C checked	178,626.	49,099.				129,527.
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 37			. 4		
5	Short-term capital gain or (loss) from like-kind exchange	nges from Form 8824			. 5		
						,	,
6	Unused capital loss carryover (attach computation)		• • • • • • • • • • •		. 6	1	
7	Net short-term capital gain or (loss) Combine lines 1	la through 6 in column t	1		. 7		129,527.
Part					· · · · ·	 	
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments	to gain	(h) Gain or	· (loss)
	the lines below	Proceeds	Cost	or loss from For		1	olumn (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	8949, Part II, lir column (g)	ie 2,	1 ' ') and combine with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						·
8b	Totals for all transactions reported on Form(s) 8949						
	with Box D checked					ļ <u> </u>	
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	13,809.	73,649.				-59,840.
11	Enter gain from Form 4797, line 7 or 9				11		
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 37			12	 	
13	Long-term capital gain or (loss) from like-kind exchan	iges from Form 8824			13		
14	Capital gain distributions (see instructions)				14		
15 Part	Net long-term capital gain or (loss) Combine lines 8. Summary of Parts I and II	a through 14 in column	h	<u> </u>	15	_	-59,840.
							60 607
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capital	loss (line 15)		16		69,687.
17	Net capital gain Enter excess of net long-term capit						
18	Add lines 16 and 17 Enter here and on Form 1120,	page 1, line 8, or the p	roper line on other retu	ırns , , , ,	18		69,687.
	Note If losses exceed gains, see Capital Losses in the	einstructions					

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

Schedule D (Form 1120) 2019

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return

Social security number or taxpayer identification number

27-4967732

CHARLES KOCH INSTITUTE Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

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

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

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

Date acquired (Mo , day, yr)	disposed of (Mo , day, yr)	(sales pnce) (see instructions)	and see Column (e)		Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions	
l		(sales pnce) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
VARIOUS	VARIOUS	853				853
VARIOUS	VARIOUS	562				562
VARIOUS	VARIOUS	177,211				177,211
VARIOUS	VARIOUS		49,099			-49,099
		-				
	/ARIOUS	VARIOUS VARIOUS VARIOUS VARIOUS	VARIOUS VARIOUS 562 VARIOUS VARIOUS 177,211	VARIOUS VARIOUS 562 VARIOUS VARIOUS 177,211	VARIOUS VARIOUS 562 VARIOUS 177,211	VARIOUS VARIOUS 562 VARIOUS VARIOUS 177, 211

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

178.626

For Paperwork Reduction Act Notice, see your tax return instructions

2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2019)

49.099

Form 8949 (2019)	Attachment Sequence No 12A				
Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number				
· CHARLES KOCH INSTITUTE	27-4967732				

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

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

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

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

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

(a) Description of property (Example 100 sh XYZ Co)	(Mo. day vr.) disposed of	Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
		(Mo , day, yr)			(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LTCG FROM PARTNERSHIP K-1	VARIOUS	VARIOUS	218				218
LTCG 60% OF SECTION 1256 GAIN	VARIOUS	VARIOUS	842				842
LTCG FROM EFPRP PARTNERSHIP K-1	VARIOUS	VARIOUS	12,749				12,749
LTCG 60% OF SEC 1256 GAIN EFPRP	VARIOUS	VARIOUS		73,649			-73,649
		-					
					,		
						<u> </u>	
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incli is checked), line	ude on your e 9 (if Box E ecked) ▶	13,809	73,649			-59,840

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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