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•						EXTE	NSION	GRANTED	İ
-Form 990-T	E	empt Organization	Bus	iness Income T der section 6033(e	Tax Re	turn	01	MB No 1545-0047	
	For cale	ndar year 2019 or other tax year begin		•		4 % T		2M 1 0	
Department of the Treasury		► Go to www.irs gov/Form990	,	- 1	<u> </u>				
Internal Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form a				501(c)(3)	Open 501(c)	to Public Inspection fo )(3) Organizations Onl	or ly
A Check box if address changed		Name of organization ( Check be	ox if nan	ne changed and see instructions	;)			ntification number	r
	4	CURRIER WOOD FOUNDA				, , ,	nproyect and	. see manacheris ,	
B Exempt under section	Print	CHARLES KOCH FOUNDA'					001046		
X 501( C 103 )	or	Number, street, and room or suite no. I	таро	Dox, see instructions			-091840	oness activity cod	do.
408(e) 220(e) 408A 530(a)	Type	1320 N. COURTHOUSE	RD.	SHITE 500			ee instructions		,
529(a)		City or town, state or province, country				$\dashv$			
C Book value of all assets	1	ARLINGTON, VA 22201		•		52	3000		
at end of year	F Gro	up exemption number (See instruct	ons )	<u> </u>					—,
550,602,542.	G Che	eck organization type 🕨 🐰 501	(c) cor	poration 501(c)	trust	401	(a) trust	Other tr	ust
		nization's unrelated trades or busine		<b>→</b> 1	Des	cribe the c	nly (or first	i) unrelated	
		RTNERSHIP INCOME FROM	• • • • • • • • • • • • • • • • • • • •					ne, describe the	
		end of the previous sentence, cor	nplete	Parts I and II, complete a Sc	chedule M fo	or each add	itional		
trade or business, th				<del></del>				<del>1 1 191</del>	
		corporation a subsidiary in an affili			ontrolled gro	oup <sup>7</sup>	•	Yes X	No
J The books are in care		identifying number of the parent co	porauc		e number <b>&gt;</b>	571-29	20-6811	<del></del>	
		or Business Income		(A) Income		xpenses		(C) Net	
1a Gross receipts or				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					/
b Less returns and allowa		c Balance ▶	_1c		١.	- KEC	) [ ] / [ ]	. }	
2 Cost of goods so	ld (Sched	ule A, line 7)	2		<del>-</del>			131	$\mathcal{I}$
3 Gross profit Sub	tract line	2 from line 1c	3		125	NUV	23 202		
4a Capital gain net i	ncome (a	ittach Schedule D)	4a			~~~		<u> </u>	
• , , ,		Part II, line 17) (attach Form 4797)	4b			<del>-069</del>	<del>드네. U</del>	T /	
		trusts	4 c	111,337.	ATCH			117.33	37.
		r an S corporation (attach statement)	<u>5</u>	111,337.	AICH		-		<del>3 / .</del>
		come (Schedule E)	7						
_		ents from a controlled organization (Schedule F)	<del></del>				<del></del>		
_		1(c)(7), (9), or (17) organization (Schedule G)	9		, <del></del> -				
		ncome (Schedule I)	10						
		dule J)							
		ctions, attach schedule)							
13 Total. Combine li	nes 3 thr	ough 12	13	111,337.			Ш.,	/ 111,33	
		Taken Elsewhere (See instine unrelated business incom				•	ctions m	ust be directi	У
		directors, and trustees (Schedule K)	<del></del> _				14		<del></del>
						· · · / –	15		
						I	16		
							17		
		(see instructions)		The second secon			18		
19 Taxes and license	s						19		
		4562)					-		
		on Schedule A and elsewhere on re					21b		
		/					22		
		compensation plans					23	<del></del>	
		s					24 25		
		chedule J)					26		
		schedule)					27	3,30	00.
		s 14 through 27					28	3,30	
		ole income before net operating					29	108,03	37.
/		ig loss arising in tax years beginning				<del></del>	30		
		e income Subtract line 30 from line	29 .	<u> </u>	<u> </u>	<u> [</u>	31	108,03	
For Paperwork Reduct	ion Act I	lotice, see instructions.						Form 990-T (2	2019)

90-1 (2019) QIA

	990-T (20					F	age 2	
Par	t 🖫 📚	Total Unrelated Business Taxable Income						
32	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (	see					
	instruct	ons)	· <b>\</b> [3	32	1	08,0	)37.	
33	Amoun	s paid for disallowed fringes	· · · -	33				
34	Charita	ole contributions (see instructions for limitation rules)	<u>  3</u>	34				
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract I	in <del>o</del>	<b>i</b>				
	34 from	the sum of lines 32 and 33	ン :	5	1	08,0	037.	
36	Deduct	on for net operating loss arising in tax years beginning before January 1, 2018 (	seĘ	1				
	instructions)							
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	نا يو.	37				
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	-8L	38		1,	000.	
39	Unrelat	ed business taxable income Subtract line 38 from line 37. If line 38 is greater than line	37,					
	enter th	e smaller of zero or line 37	<u> :</u>	39			0.	
Par	t IV	Tax Computation						
40	Organia	ations Taxable as Corporations. Multiply line 39 by 21% (0 21)	. ▶ 4	10				
41	Trusts	Taxable at Trust Rates. See instructions for tax computation income tax	on					
	the amo	unt on line 39 from Tax rate schedule or Schedule D (Form 1041)	. ▶ 4	11				
42	Proxy t	xx. See instructions	.▶ 4	12				
43	Alterna	ive minimum tax (trusts only)	4	13				
44	Tax on	Noncompliant Facility Income. See instructions	4	14				
45	Total A	dd lines 42, 43, and 44 to line 40 or 41, whichever applies		15				
Par	t V	Tax and Payments						
46 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a						
b	Other o	edits (see instructions)						
С	Genera	business credit Attach Form 3800 (see instructions)						
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)						
е	Total c	edits. Add lines 46a through 46d	4	6e				
47		l line 46e from <u>line 4</u> 5 <u></u> <u></u>		17				
48	Other ta	es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu	ıle) .	18				
49		x. Add lines 47 and 48 (see instructions)	· · · · ·	19			0.	
50	2019 n	t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	· · <u>                                  </u>	50				
51 a	Paymer	ts. A 2018 overpayment credited to 2019						
b	2019 es	timated tax payments						
		osited with Form 8868						
đ	Foreign	organizations Tax paid or withheld at source (see instructions)						
е		withholding (see instructions)						
f		or small employer health insurance premiums (attach Form 8941)						
g		edits, adjustments, and payments Form 2439						
		orm 4136 Other Total ▶ 51g						
52	•	lyments. Add lines 51a through 51g	<u> </u>	52				
53		ed tax penalty (see instructions) Check if Form 2220 is attached		53				
54		If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	· ·	54				
55	•	ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	· : -	55				
56		amount of line 55 you want Credited to 2020 estimated tax   Refunder		56				
	t VI	Statements Regarding Certain Activities and Other Information (see Instruc				Yes	No	
57	•	time during the 2019 calendar year, did the organization have an interest in or a signatur			- 1	162	140	
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	-		i			
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	ine 10	reign	country		х	
	here ▶		<u></u>	4		_	X	
58	•	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	roreign	trust				
<b>5</b> 0		see instructions for other forms the organization may have to file						
<u>59</u>		e amount of tax-exempt interest received or accrued during the tax year  \$ \$ der_peassing at payory 1 declare that I have examined this return, including accompanying schedules and statements and to	the heri	of my	knowledge	and hel	ef it is	
Sia.	1 16	e correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	1110 0031	O:,	Kilowicago	and och	01, 11 13	
Sig: Her		11/16/2020 Treasurer			S discuss			
ner	- 1 -			the pi struction:	reparer sh s) <sup>2</sup> X <b>Ye</b>		No No	
	<del>ا.</del> "	Print/Type preparer's name Preparer's signature, J, Date		30.1011	PTIN	3	NO	
Paid		SHAWNELL LINOT MAN 11/16/2020	Check L	lf	P016	639N	8	
	arer		self-emp		44-016			
Use	Only				5-265-2			
		Timis address > 1001 1	rnone n	3 J T C	. 200-2			

Schedule A - Cost of G	oods Sold. Er	iter method	of invent	ory \	valuation	<b>&gt;</b>				
1 , Inventory at beginning of y	/ear . 1			6	Inventory	at end of ye	ear	6		
2 Purchases	2			7			old. Subtract line			
3 Cost of labor	3					-	r here and in Part			
4a Additional section 263A co	osts				I, line 2			7		,
(attach schedule) `	4a			8			section 263A (w	uth re	spect to	Yes No
b Other costs (attach schedu					property	produced	or acquired for	resal	e) apply	
5 Total. Add lines 1 through	4b . 5				to the org	anization? .	<u> </u>			N/A
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal	Property	Leased \	With Real Proper	ty)		<del></del>
(see instructions)										
Description of property										
(1)										
(2)		·								
(3)										
(4)	. <u></u>									
	2. Rent recei	ved or accrue	ed							
for personal property is more than 10% but not percenta			age of rent fo	om real and personal property (if the ge of rent for personal property exceeds in columns 2(a) and 2(b) (atta the rent is based on profit or income)						
(1)		<del> </del>	<del></del>	•				<u></u>		
(2)		<del></del>					<del></del>			
(3)		-				·	<del> </del>			
(4)	<del></del> -		<del></del>				<del> </del>			<del></del> .
Total	-	Total					<del></del>			
(c) Total income Add totals of c	olumns 2/a) and 2						(b) Total deductio			
here and on page 1, Part I, line 6							Enter here and on Part I, line 6, colur			
Schedule E - Unrelated D			e instructi	ons)	·			\0)		
		(4-			ne from or	3	Deductions directly condebt-finance			le to
1 Description of del	bt-financed property		allocable to debt-financed property (a)				tht line depreciation ach schedule)	(b) Other deductions (attach schedule)		
(1)										
(2)										
(3)										
(4)										
4 Amount of average adjusted basis acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		4	Colur divide colum	ed	1 7 Gross income renormable 1		Allocable dec mn 6 x total o 3(a) and 3(	of columns		
(1)					%					
(2)					%					
(3)					%					
(4)					%					
Totals							re and on page 1, ne 7, column (A)		r here and c I, line 7, col	
Total dividends-received deduct										

Schedule F – Interest, Ann	uities, Royalties			ntrolled Org			ions (se	e instructi	ons)	<del>_</del>	
, 1 Name of controlled organization	2 Employer identification numb	eı i	Net unrela loss) (see u	ated income nstructions)		of specified ints made	·   Included in the controlling		olling	6 Deductions directly connected with income in column 5	
(1)		_									
(2)							<del> </del>				
(3)											
(4)					L		<u> </u>			L	
Nonexempt Controlled Organiz						10 00	rt of column	O that is		L. Doductions discoilly	
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific ayments made	ed	includ	ed in the co ation's gros	ntrolling		Deductions directly inected with income in column 10	
(1)									L		
(2)									<u> </u>		
(3)						ļ	<del></del>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(4)						<u> </u>	columns 5 a			dd columns 6 and 11	
Totals	ncome of a Sec	tion 50	1(c)(7),	(9), or (17		Part I		mn (A)		er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of	ıncome	_	directly cor (attach sch	nected			el-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)									$\rightarrow$		
(2)	<u> </u>				<del></del>			<del></del>			
(3) (4)									+		
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part 1, line 9, co	olumn (A)	Other Th	an Adverti	sing Ir	icome (	see instru	ictions)		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	dire connec produc unre	penses ectly ted with ction of lated s income	4 Net inconfrom unrelated or business 2 minus collected for the co	ed tradé (column umn 3) ompute	from ac	is income itivity that unrelated is income	e 6 Expenses at altributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)			<del></del>					1			
(2)											
(3)											
(4)											
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)		re and on Part I, col (8)							Enter here and on page 1, Part II, line 25	
Schedule J- Advertising In	icome (see instri	uctions)	<del></del>	·							
Part I Income From Per			Consol	idated Bas	is						
1 Name of periodical	2 Gross advertising income	<b>3</b> . D	rect ng costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7			7 Excess readership costs (column 6 minus column 5 but not more than column 4)				
(1)		<del></del>	-	1							
(2)											
(3)							<del></del>	-			
(4)				<u> </u>	_						
Totals (carry to Part II, line (5))										Form 990-T (2019)	
										Form 33U-1 (2019)	

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 ) Part II

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 ▶						
	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 - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2019)

ATTACHMENT	1	

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

NET ORDINARY INCOME - EFPRP INVESTMENTS K-1

111,337.

INCOME (LOSS) FROM PARTNERSHIPS

111,337.

ATTACHMENT 2

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

ACCOUNTING FEES

3,300.

PART II - LINE 27 - OTHER DEDUCTIONS

3,300.

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
CHARLES CHASE KOCH P.O. BOX 5004 WICHITA, KS 67201-5004	DIRECTOR	0	0.
ELIZABETH B KOCH P.O. BOX 5004 WICHITA, KS 67201-5004	DIRECTOR	0	0.
CHARLES G KOCH P.O. BOX 5004 WICHITA, KS 67201-5004	DIRECTOR / CHAIRMAN	0	0.
BRIAN MENKES 1320 N. COURTHOUSE RD., SUITE 500 ARLINGTON, VA 22201	SECRETARY	0	0.
DALE GIBBENS 1320 N. COURTHOUSE RD., SUITE 500 ARLINGTON, VA 22201	DIRECTOR	0	0.
BRIAN HOOKS 1320 N. COURTHOUSE RD., SUITE 500 ARLINGTON, VA 22201	PRESIDENT / DIRECTOR	0	0.
RYAN STOWERS 1320 N. COURTHOUSE RD., SUITE 500 ARLINGTON, VA 22201	EXECUTIVE VICE PRESIDENT	0	0.
SUSAN MOTIFF 1320 N. COURTHOUSE RD., SUITE 500 ARLINGTON, VA 22201	TREASURER	0	0.
WILLIAM RUGER 1320 N. COURTHOUSE RD., SUITE 500 ARLINGTON, VA 22201	VP OF RESEARCH & POLICY	0	0.
TOTAL COMPENSATION			0.

Charles Koch Foundation

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

Tax Year: 12/31/2019

## **NET OPERATING LOSS DEDUCTION**

		Loss	
Loss Year Ending	NOL Generated	Previously used	Loss Available
12/31/2014	(9,702)	9,702	-
12/31/2015	(1,460,074)	811,431	(648,643)
12/31/2017	(417,612)		(417,612)
12/31/2018	(67,022)		(67,022)
12/31/2019	•		
Net Operating Loss Ava	(1,133,277)		
Net Operating Loss Dec	108,037		
Net Operating Loss Car	(1,025,240)		

EIN: 48-0918408

Net Operating Losses were generated from unrelated business losses that were pass-through to the organization from investments reported on Schedule K-1, UBTI