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Department of the

DLN: 93493320044966

OMB No 1545-0047

Open to Public Inspection

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 <u>www IRS gov/foim990</u>

Interna	al Rever	ue Service			Inspection
A F	or the :	2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2019	5		
B Che	eck if ap	plicable C Name of organization		D Employer	identification number
✓ Ac	Idress ch	CHARLES KOCH INSTITUTE		27-4967	730
☐ Na	me cha	nge		27 4307	7.32
☐ In	ıtıal retu				
F		Number and street (or P O box if mail is not delivered to street address) Room/suit		E Telephone r	number
_	termina	1320 N COURTHOUSE ROAD STE 500	.	(703)87	5-1658
	ended r			(703)07.	J 1030
Ap	olication	pending City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22201		G Gross recei	ots \$ 9,410,647
				G Gloss receip	JG \$ 9,410,047
		F Name and address of principal officer BRIAN HOOKS	H(a) Is th	is a group ret	urn for
		1320 N COURTHOUSE RD STE 500		rdınates?	☐ Yes 🗸
		ARLINGTON, VA 22201	No U(b) Area	II subordinate	
I Ta	k-exem	ot status	inclu		Yes No
	- 1!4 -		If"N	o," attach a lı	st (see instructions)
J M	ebsite	► WWW CHARLESKOCHINSTITUTE ORG	H(c) Grou	ıp exemption	number >
K Forr	n of ora	anization		rmation 2011	M State of legal domicile DE
			1		
Pa	rt I	Summary			
		efly describe the organization's mission or most significant activities			
	<u>A C</u>	VANCEMENT OF LIBERTY AND ECONOMIC FREEDOM BY EDUCATING ST	JDENTS IN	A CLASSRO	MC
Ce					
e E	_				
Governance	2 0	heck this box ▶ ┌─ if the organization discontinued its operations or disposed o	f more than 1) 5% of its ne	taccetc
Ŏ		neck this box P If the organization discontinued its operations of disposed o	i iliole tilali 2	25 % Of its fie	i assets
9	3 N	. з	5		
₹	l	umber of voting members of the governing body (Part VI, line 1a)			5
ЩE	l				
Activities &		otal number of individuals employed in calendar year 2015 (Part V, line 2a) .		186	
Ă	l	otal number of volunteers (estimate if necessary)		6	0
		otal unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	5,744,153
	b Ne	t unrelated business taxable income from Form 990-T, line 34		. 7b	4,823,787
			Prio	r Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		28,750,000	0
Ravenue	9	Program service revenue (Part VIII, line 2g)		0	0
ē A	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,261,197	9,388,796
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,353	21,851
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		37,041,550	9,410,647
		12)		37,041,330	3,410,047
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,030,323	1,299,555
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
_	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		7,184,227	11,618,750
Expenses		5-10)		,,104,ZZ/	11,010,730
£	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
3	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,027,931	8,484,600
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		17,242,481	21,402,905
	19	Revenue less expenses Subtract line 18 from line 12		19,799,069	
× 6					
Net Assets or Fund Balances			Beginning of	of Current Year	End of Year
aga aga	20	Total assets (Part X, line 16)		290,777,396	271,684,160
A A	21	Total liabilities (Part X, line 26)		766,274	
P.E.	22	Net assets or fund balances Subtract line 21 from line 20		290,011,122	
	† 111	Signature Block			1 203,302,030
		ties of perjury, I declare that I have examined this return, in			
		ge and belief, it is true, correct, and complete. Declaration o			
		s any knowledge			
	- 1				

	**	* * * *						
Sign								
Here								
	Ту	pe or print name and title						
Paid		Print/Type preparer's name Michael J Engle	Preparer's signature Michael J Engle					
Preparer		Firm's name ► BKD LLP						
Use Onl		Firm's address ▶ 1201 Walnut Suite 1700						

May the IRS discuss this return with the preparer shown above? (see in

Kansas City, MO 641062246

For Paperwork Reduction Act Notice, see the separate instructions.

Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
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, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
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		No
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		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	Yes	
	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	11 c		No
	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 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	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	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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		No
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		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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28c

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35b

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Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
24a	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		No
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?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🛸 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Form 990 (2015)

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance		.,			_
		Check if Schedule O contains a response or note to any line in this	Part	<u>V</u>	• •	Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	328		1 es	No
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments t		-			
		g (gambling) winnings to prize winners?		· · · · · ·	1 c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered so return	2a	186			
ь		east one is reported on line 2a, did the organization file all required federal em			2b	Yes	
		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more durin	g the	year?	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanat</i> .	on in S	Schedule O	3b	Yes	
4a		time during the calendar year, did the organization have an interest in, or a s financial account in a foreign country (such as a bank account, securities ac					
		nt)?	Count	, or other illiancial	4a		No
b		s," enter the name of the foreign country					
	See in	structions for filing requirements for FinCEN Form 114, Report of Foreign Ban	k and	Financial Accounts			
	(FBAR			_			
		ne organization a party to a prohibited tax shelter transaction at any time duri	-	· · · · · · · · · · · · · · · · · · ·	5a		No
		ly taxable party notify the organization that it was or is a party to a prohibited		eiter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
62	Does	the organization have annual gross receipts that are normally greater than \$1	nn. nn	0 and did the	6a		No
Ja		zation solicit any contributions that were not tax deductible as charitable con			J a		
b		s," did the organization include with every solicitation an express statement t	hat su	ch contributions or gifts	6b		
7		not tax deductible?			อบ		
	-	e organization receive a payment in excess of \$75 made partly as a contribut	ion an	d partly for goods and	7a		No
		es provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services p		ŀ	7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal properm 8282?			7c		No
d		s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a	persor	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
g	Ifthe	organization received a contribution of qualified intellectual property, did the o	organiz	zation file Form 8899 as			
	requir		٠		7 g		
п		organization received a contribution of cars, boats, airplanes, or other vehicle 1098-C?	s, aia	the organization file a	7h		
8		oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess buthe year?	ısınes:	s holdings at any time			
Qa		e sponsoring organization make any taxable distributions under section 4966	?	_	8 9a		
		e sponsoring organization make any taxable distributions under section 4300 e sponsoring organization make a distribution to a donor, donor advisor, or rel		erson?	9b		
10		on 501(c)(7) organizations. Enter	P				
а	Initiat	rion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
11	faciliti				·	ı	
11		In 501(c)(12) organizations. Enter Income from members or shareholders	11a				
		Income from other sources (Do not net amounts due or paid to other sources	a				
-		st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	0 in lie	u of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the					
	year		12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state?	Note. S	see the instructions for			
	addıtı	onal information the organization must report on Schedule O		·	13a		
b		the amount of reserves the organization is required to maintain by the states the organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the ta		7	14a	ļ	No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explan</i> a	•	ŀ	14b		

Part VI	Governance	, Management,	and	Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			🗸
Se	ection 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 1a			
	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 5			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
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		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No.
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?	16 b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.			
	▼ Own website Another's website Upon request Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

►GUY BARKWILL 1320 N COURTHOUSE RD STE 500 ARLINGTON, VA 22201 (703) 875-1658

State the name, address, and telephone number of the person who possesses the organization's books and records

interest policy, and financial statements available to the public during the $\bar{t}ax\ year$

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	note bo: h ar or/tr	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) CHARLES G KOCH	1 0									
CHAIRMAN	1 0	×						0	0	(
(2) CHARLES CHASE KOCH	10									
DIRECTOR		X						0	0	C
(3) ELIZABETH B KOCH	10			\vdash						
DIRECTOR		x						0	0	C
	10									
(4) RICHARD FINK		x						0	0	C
VICE CHAIRMAN	1 0									
(5) DALE GIBBENS	1 0	×		×				0	0	0
EXECUTIVE VICE PRESIDENT	1 0							,	J	,
(6) BRIAN MENKES	1 0								0	
SECRETARY	1 0			X				0	0	(
(7) DUSTIN PERRY	1 0									
TREASURER	1 0			×				0	0	(
(8) BRIAN HOOKS	20 0									
PRESIDENT				×				192,486	255,061	30,924
	30 0 50 0									
(9) WILLIAM RUGER				×				315,935	0	30,102
VICE PRESIDENT-RESEARCH/POLICY	20 0									
(10) ARIANNE MASSEY				×				o	0	C
VICE PRESIDENT, TALENT DEV	0.0									
(11) ALISON FRASER	50 0					l x		190,668	0	26,574
MANAGING DIR -RESEARCH/POLICY	0 0					^		190,000	0	20,374
(12) KATHLEEN ROBERTS	50 0									
VICE PRESIDENT- EXT RELATIONS	0.0					X		225,018	0	14,064
(13) TONYA MULLINS	50 0									
DIRECTOR-COMMUNICATIONS & MKTG						X		156,601	0	23,362
(14) SHANNON FOWLER	50 0			\vdash	_					
	1					x		132,429	0	18,388
DIRECTOR-HUMAN RESOURCES	0.0			-						
				<u> </u>						
						i				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	individual trustee or director	Institutional Trustee Individual trustee or director		Former Highest compensated employee Key employee			MISC)	MISC)	organization and related organizations	
(15) DEREK JOHNSON	20 0					х		87,815	62,891	9,951	
DIRECTOR-EDUC DEVELOPMENT	30 0							,		,	
1b Sub-Total				<u> </u> ▶				<u> </u>	<u> </u>		
1b Sub-Total			•	-					+		
d Total (add lines 1b and 1c)	-		<u>. </u>	•			1,3	00,952	317,952	153,365	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 16

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Yes	No		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(c)
Name and business address	Description of services	Compensation
DPROGRAM LLC, 505 WEST 15TH STREET AUSTIN, TX 78701	SXSW EVENT	249,659
RED EDGE LLC, 2300 CLARENDON BLVD ARLINGTON, VA 22201	DESIGN	151,452
IX ACP HOTEL OWNER LP, 591 W PUTNAM AVENUE GREENWICH, CT 06830	HOTEL	210,604
1888 MANAGEMENT LLC, PO BOX 5004 WICHITA, KS 67201	INVESTMENT MGMT	379,113
Total number of independent contractors (including but not limited to these lists	d above two recovered more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 4

Form 99								Page 9
Part V	1	Statement o						_
		Check if Schedu	ıle O contains a respor	ise or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a					
Grants Amounts	ь	Membership du	es 1b					
ons, Gifts, Grants Similar Amounts	С	Fundraising eve	ents 1c					
ifts ar/	d	Related organiz	ations 1d					
s, G imil	e	Government grants	s (contributions) 1e					
Contributions, Gifts, and Other Similar A	f		ons, gifts, grants, and 1f					
tributio Other	g	similar amounts no Noncash contribution	ons included above					
Contri and O	-	1a-1f \$						
<u>2</u> #	h	Total. Add lines	s 1a-1f		0			
	3.			Business Code				
Ven	2a b		_					
ıΣ CE	c							
JE VE	d							
Program Service Revenue	e		_					
grar	f	All other progra	m service revenue					
Ě	g	Total. Add lines	32a-2f	▶	0			
	3		ome (including dividend		7,190,196		5,744,153	1,446,043
	4		ar amounts) tment of tax-exempt bond ;		0		3,711,133	1,110,013
	5			▶	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d		me or (loss)	•	0			
	_	C	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	2,198,600					
	b c	Less cost or other basis and sales expenses Gain or (loss)	2,198,600					
	d		s)		2,198,600			2,198,600
Other Revenue	8a	Gross income fi events (not incl \$	luding reported on line 1c)					
Other		-	a penses b					
	c 9a			events >	0			
		Logo direct evi	apenses b					
	l		loss) from gaming activ	vities	0			
	102	Cross sples of	unventory logg	•				
	IVA	Gross sales of i returns and allo						
	l	Less cost of go		ntoru	0			
	C	Miscellaneous	loss) from sales of inve Revenue	Business Code	0			
	11a	EDUCATIONA		900099	19,919			19,919
	ь	MISC		900099	1,932			1,932
	c							
	d	All other revenu			1,932			1,932
	e	Total. Add lines	s 11a-11d	•	21,851			
	12	Total revenue.	See Instructions	•	9,410,647		5,744,153	3,666,494

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations r	<u>nust complete all columns A</u>	All other orga	ınızat	ions n	nust	comp	olete	colui	mn (,	A)		
Check if Schedule O contains a respo	onse or note to any line in thi	ıs Part IX .	•									
Γ												

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	930,737	930,737		
2	Grants and other assistance to domestic individuals See Part IV, line 22	368,818	368,818		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	551,443	518,578	32,865	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	9,091,633	7,636,975	1,454,658	_
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	402,075	337,743	64,332	
9	Other employee benefits	951,186	798,996	152,190	
10	Payroll taxes				
		622,413	522,827	99,586	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	31,807	27,036	4,771	
С	Accounting	25,871	21,990	3,881	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	504,048		504,048	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,120,713	952,606	168,107	0
12	Advertising and promotion	194,587	165,399	29,188	
13	Office expenses	223,726	190,167	33,559	
14	Information technology	356,426	302,962	53,464	
15	Royalties	0			
16	Occupancy	1,624,961	1,381,217	243,744	
17	Travel	1,855,916	1,577,529	278,387	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	553,916	470,829	83,087	
20	Interest	0			
21 22	Payments to affiliates		265.022	64 576	
23	Insurance	430,508 7,549	365,932 6,417	64,576 1,132	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	7,343	0,417	1,132	
а	FED/STATE UBI TAXES	1,185,707		1,185,707	
b	PRINTING/PUBLISHING	235,468	213,567	21,901	
c	AWARDS & INCENTIVES	57,308	57,190	118	
d		0			
е	All other expenses	76,089	36,336	39,753	
25	Total functional expenses. Add lines 1 through 24e	21,402,905	16,883,851	4,519,054	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 9	990 (2	2015)					Page 11			
Par	t X	Balance Sheet								
		Check if Schedule O contains a response or note to any lin	ne in thi	s Part X			· · · · · <u>· · </u>			
					(A) Beginning of year		(B) End of year			
	1	Cash-non-interest-bearing			110,927	1	283,476			
	2	Savings and temporary cash investments			56,121,472	2	38,837,791			
	3	Pledges and grants receivable, net			0	3	0			
	4	Accounts receivable, net			30,041	4	62,818			
	5	Loans and other receivables from current and former offic trustees, key employees, and highest compensated emp II of Schedule L			0	5	0			
Assets	6	section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of s	Loans and other receivables from other disqualified persons (as defined unde section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L							
YS.	_	Natara and large managed and			0		0			
•	7	Notes and loans receivable, net			0		0			
	8	Inventories for sale or use			<u> </u>					
	9	Prepaid expenses and deferred charges			49,014	9	113,815			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	67,500						
	ь	Less accumulated depreciation	10b	67,500	411,090	10c				
	11	·	ents—publicly traded securities							
	12	Investments—other securities See Part IV, line 11 .		234,054,852	12	232,386,260				
	13	Investments—program-related See Part IV, line 11 .		0		0				
	14	Intangible assets	0	14	0					
	15	Other assets See Part IV, line 11	0	15	0					
	16	Total assets.Add lines 1 through 15 (must equal line 34)	290,777,396	16	271,684,160					
	17	Accounts payable and accrued expenses			766,274	17	2,101,502			
	18	Grants payable		0	18	0				
	19	Deferred revenue			0	19	0			
	20	Tax-exempt bond liabilities			0	20	0			
	21	Escrow or custodial account liability Complete Part IV o	of Sched	lule D	0	21	0			
lities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di								
Liabilit		persons Complete Part II of Schedule L			0	22	0			
Ë	23	Secured mortgages and notes payable to unrelated third	parties		0	23	0			
	24	Unsecured notes and loans payable to unrelated third pa	rties		0	24	0			
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relate	ed third parties,						
		Table 10-10-10-10-10-10-10-10-10-10-10-10-10-1			766 274	25	2,101,502			
	26	Total liabilities. Add lines 17 through 25			766,274	26	2, 101,502			
nces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ►	√ and complete						
<u> </u>	27	Unrestricted net assets			290,011,122	27	269,582,658			
<u>a</u>	28	Temporarily restricted net assets			0	28	0			
Ĕ	29	Permanently restricted net assets			0	29	0			
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), cl complete lines 30 through 34.	heck he	re ▶						
ets	30	Capital stock or trust principal, or current funds				30				
Net Assets	31	Paid-in or capital surplus, or land, building or equipment				31				
et 1	32	Retained earnings, endowment, accumulated income, or				32				
ž	33	Total net assets or fund balances			290,011,122	33	269,582,658			

34

Total liabilities and net assets/fund balances

34

290,777,396

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Fotal revenue (must equal Part VIII, column (A), line 12)			
Total expenses (must equal Part IX, column (A), line 25)			
Revenue less expenses Subtract line 2 from line 1			

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

- Net unrealized gains (losses) on investments . .
- Donated services and use of facilities .

Other changes in net assets or fund balances (explain in Schedule O) .

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

- 5 6 7 8 9

1

2

3

4

10

-9,349,772

2a

2b

2c

3a

3b

913,566 269,582,658

Yes

No

Νo

Νo

Nο

Form 990 (2015)

Page **12**

9,410,647

21,402,905

-11,992,258

290.011.122

efile GRAPHIC p	rint - DO No	OT PROCESS	As Filed	Data

www.irs.gov/form990.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

DLN: 93493320044966 OMB No 1545-0047

SCHEDULE A (Form 990 or

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

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.

► Attach to Form 990 or Form 990-EZ.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

Open to Public Inspection

Treasury Internal Revenue Service Name of the organization CHARLES KOCH INSTITUTE

Department of the

990EZ)

Part I

マ

1

2

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Employer identification number

27-4967732

	ı	An organization that n described in section 1	70(b)(1)(A)(v	vi). (Complete Part II	}			
8		A community trust de				rt II)		
9	 -	receipts from activitie from gross investmen	es related to it it income and e 30, 1975 S	ts exempt functions—s unrelated business ta see section 509(a)(2).	ubject to certa kable income (l (Complete Pari	in exceptions ess section 5 : III)	tributions, membership , and (2) no more than 3 11 tax) from businesse on 509(a)(4).	331/3% of its suppor
11 a	├ ┌	one or more publicly s the box in lines 11a th Type I. A supporting o supported organization	upported orga nrough 11d tha organization op n(s) the power	nizations described in at describes the type operated, supervised, or to regularly appoint o	section 509(a of supporting of controlled by r elect a major)(1) or sectio rganization ar its supported	nctions of, or to carry on 509(a)(2) See sectio d complete lines 11e, 1 organization(s), typical ctors or trustees of the	n 509(a)(3). Check 1f, and 11g ly by giving the
ь	Γ		organization s pporting orgai	supervised or controlle nization vested in the s	d in connection		ported organization(s), b manage the supported	
c	Γ	Type III functionally is supported organization					h, and functionally integ D. and E.	grated with, its
d		not functionally integr (see instructions) Yo	ated The orga u must comple	anization generally mu ete Part IV, Sections A	st satisfy a dis . and D, and Pa	trıbutıon requ rt V.	n with its supported org	eness requirement
е		integrated, or Type II					is a Type I, Type II, T	ype III functionally
f	Ente	r the number of support		, ,	5 5			
_		Provide the following i	nformation ab				·	
g		Trottue the following t	mormacion ab	out the supported orga	nization(s)			
	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	nization(s) (iv) Is the orga listed in your docum	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
	ne of s	(i)		(iii) Type of organization (described on lines 1-9 above (see	(iv) Is the orga	nızatıon governıng	A mount of monetary support	A mount of other support (see
	ne of s	(i)		(iii) Type of organization (described on lines 1-9 above (see	(iv) Is the orga listed in your docum	nization governing ent?	A mount of monetary support	A mount of other support (see
	ne of s	(i)		(iii) Type of organization (described on lines 1-9 above (see	(iv) Is the orga listed in your docum	nization governing ent?	A mount of monetary support	A mount of a support (s

	edule A (Form 990 or 990-EZ) 2015						Page 2
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion tans to qu	dilly dilder the	tests listed bei	ow, picase con	iipiete i ai t III.	,
	Calendar year						T
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
-	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						
4	to the organization without charge						
	Total. Add lines 1 through 3 The portion of total contributions						
5	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						
51	ection B. Total Support				1	1	
(or	Calendar year fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
•	Amounts from line 4						
8	Gross income from interest,						
0	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						
.0	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
4	VI) Total support. Add lines 7						
-	through 10						
.2	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
.3	First five years.If the Form 990 is f	for the organizati	on's first, second	. third, fourth, or	fifth tax vear as a	section 501(c)(3) organization.
-	check this box and stop here		•		,	` ',	- , - · g - · · · · ,
S	ection C. Computation of Pul	olic Support F	Percentage				
4	Public support percentage for 2015			11. column (f))		14	
.5	Public support percentage for 2014			,, , , , , , , , , , , , , , , , ,			
						15	
. o a	33 1/3% support test—2015. If the	2		·	iine 14 is 33 1/3%	or more, check	- —
h	and stop here. The organization qua 33 1/3% support test—2014. If the				and line 15 is 31	3 1/3% or more o	heck this
	box and stop here. The organization	9			, and fine 15 is 5.	5 1/5 /0 OI IIIOIC, C	▶ □
72	10%-facts-and-circumstances test				ne 13 16a or 16	h and line 14	
. , a	is 10% or more, and if the organiza	_				•	
	in Part VI how the organization mee						orted
	organization						▶ □
h	10%-facts-and-circumstances test	—2014. If the ora	anization did not o	heck a box on lir	ne 13, 16a, 16b	or 17a, and line	F 1
-	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza					-	cly
	supported organization					•	´ ▶ □
.8	Private foundation. If the organization	ion did not check	a box on line 13	, 16a, 16b, 17a.	or 17b, check this	s box and see	- 1
	instructions			. , ,	,		▶┌
							- 1

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

(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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in)	(4)	(-)	(-)	(-/	(-)	(1)
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						
7	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 Amounts included on lines 2 and						
U	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)						
Se	ction B. Total Support		Т			_	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
•	iscal year beginning in) ▶		, ,	, ,	. , ,	· , ,	+ ` ′
9	Amounts from line 6						
.0a	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						
С	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 (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years.If the Form 990 is f	or the organization	n's first, second	. third. fourth, or f	ifth tax vear as a	section 501(c)(3) organization.
	check this box and stop here	or the organization	511 5 111 5 C ₁ 5 C C O 11 C	, cilii a, loai cili, oi l	men can year as e	3 3 5 5 5 6 7 7 7 7 7 7 7	>(5) organizacion,
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		14-1	
	• • • •	•		13, column (1))		15	
16	Public support percentage from 20:					16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colum	ın (f))	17	
18	Investment income percentage from		• •	•		18	
	· =				line 15 is more		and line 17 is not
17d	33 1/3% support tests—2015.If the						- -
h	more than 33 1/3%, check this box 33 1/3% support tests—2014. If the	-		•		-	▶ 3 1/3% and line
ט		-					
20	18 is not more than 33 1/3%, check			•			
	- Filivate i vunuativii. II tile (III dill / dill	on ara not check	a DOX OH HHE 14	. 120. UL 130. CNE	.ck unis dux and	ace instruction	o = "

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, V

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	A re all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		Yes	No
2	describe the designation If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under	1		
	section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?	3b		
c	If "Yes," describe in Part VI when and how the organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes		<u> </u>	l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
	the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?		_	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

	,			9	9		(_
Section	n R	Tyna	T	Suni	nortina	Orga	nization	_

	г		Yes	NI -
				No
If or ap	ppoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? f "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the rganization's activities. If the organization had more than one supported organization, describe how the powers to ppoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or estrictions, if any, applied to such powers during the tax year	1		
th <i>If</i>	old the organization operate for the benefit of any supported organization other than the supported organization(s) hat operated, supervised, or controlled the supporting organization? f "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that perated, supervised or controlled the supporting organization	2		

Saction	^	Two	TT	Supporting	Organizations
Section	٠.	ivbe		Suppoi una	Organizacions

			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or				
	trustees of each of the organization's supported organization(s)?				
	If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons				
	that controlled or managed the supported organization(s)	1			

Section	n	All Ty	na TTT	Sunna	rtina	Organ	nizations
Section	υ.	~II I V	N-C TTT	JUDDU	u ciiia	Oluai	IIZALIVIIS

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to	satisfy the Integral Part	t Test during the year	(see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

instructions)

2	Activities rest	_Answer (a) and (b) below.	
2	Did substantially	all of the organization's activities during the tay year directly further the exempt numbers of the	Ī

supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the			
organization determined that these activities constituted substantially all of its activities	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have			
engaged in these activities but for the organization's involvement	2b		

- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3а each of the supported organizations? Provide details in Part VI
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		·	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly further		orted organizations in	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec			
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add filles 1 tillough 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		723	, <u>,</u>
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributions of prior years			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2			
(ıf amount greater than zero, see ınstructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7		l	
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) (2015

SCHEDULE D Supple

(Form 990)

Treasury

Department of the

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

2015

DLN: 93493320044966

Open to Public Inspection

Inter	nal Revenue Service	·			mopeodon
	me of the organization ARLES KOCH INSTITUTE		Empl	loyer identificati	on number
CH.	AKLES KOCH INSTITUTE		27-4	1967732	
Pā		Advised Funds or Other Similar Fu	unds o	or Accounts.	
	Complete if the organization answere	· · · · · · · · · · · · · · · · · · ·			
1	Total number at end of year	(a) Donor advised funds	(b)	Funds and other	accounts
	·				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	-	or advis	sed	Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for ar	ny othei	r purpose	Yes No
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes" o	n Forn	n 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by th				
	Preservation of land for public use (e g , recreeducation)	eation or Preservation of a	n histor	rically important	land area
	Protection of natural habitat	Preservation of a	certifie	d historic structi	ure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in t	he form		
				Held at the E	nd of the Year
a	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easeme		2b		
c	Number of conservation easements on a certified	, ,	2c		
d	Number of conservation easements included in (o historic structure listed in the National Register		2d		
3	Number of conservation easements modified, train	nsferred, released, extinguished, or terminate	d by th	e organization du	ırıng the
	tax year ▶				
4	Number of states where property subject to cons	ervation easement is located ▶	_		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		dling of	☐ Yes	s
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforci	ng cons	servation easem	ents during the
	>				
7	A mount of expenses incurred in monitoring, insper	ecting, handling of violations, and enforcing co	onserva	ation easements	during the year
8	Does each conservation easement reported on lin (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	tion 17	0(h)(4)	s
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial	•	se statement, ar	nd
Pai		tions of Art, Historical Treasures,	or Oth	ner Similar A	ssets.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
 - service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

 If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet
 - works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

▶ \$

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

Par	Organiz (continued	ations Maintaining	Collections of Ar	t, Hi	stori	cal T	reas	ures, or	Othe	er Similar	Ass	ets	
3		zation's acquisition, acce (check all that apply)	ession, and other reco	rds, c	hec k a	any of	the fo	llowing that	are a	a significant	use of	fits	
а	Public exhib	oition		d		Loar	orex	change pro	gram	IS			
b	Scholarly re	esearch		е	Г	Othe	er						
c	Preservatio	n for future generations											
4	Provide a descrip Part XIII	otion of the organization's	s collections and expl	aın ho	w they	/ furth	er the	organizatio	n's e	xempt purpo	se in		
5		did the organization solid I to raise funds rather th									Yes	∏ No)
Pa		and Custodial Arra e if the organization a		Form	990,	Part :	IV, lıı	ne 9, or re	port	ed an amo	unt o	n Forr	n 990,
	Part X, lı						•	•					•
1a	Is the organization included on Form	on an agent, trustee, cus 1990, Part X?	todian or other interm	iediar	y for co	ontribi	utions	or other as	sets		Yes	┌ No	•
b	If "Yes," expla	ain the arrangement in Pa	art XIII and complete	the fo	llowing	q table	9				A moun	ıt	
c	Beginning bala	_	•		•	_		10	.				
d	Additions duri							10	1				
е		during the year						16	•				
f	Ending balance							11	F				
2 a	Did the organizat	cion include an amount oi	n Form 990, Part X, III	ne 21,	, for es	crow	orcus	todial accor	unt lı	ability? \sqsubset	Ves	□ No)
b		the arrangement in Part								•			
Pa	art V Endown	nent Funds. Comple	te if the organization	n an	swere	ed "Ye	s" to	Form 990	, Pa	rt IV, line	10.		
			(a)Current year	(b) P	nor yea	ır I	b (c) T\	wo years back	(d)	Three years ba	ck (e) Four ye	ars back
1 a	Beginning of yea	rbalance											
b	Contributions												
c	Net investment of losses	earnings, gains, and											
d	Grants or schola	orships											
е	Other expenditu and programs	res for facilities											
f	Administrative e	expenses											
g	End of year balar	nce											
2	Provide the estin	nated percentage of the (current year end balar	nce (lı	ne 1g,	colum	nn (a)) held as			•		
а		d or quasi-endowment 🕨	•	`	٥,			,					
b	Permanent endov	·											
c													
·		ricted endowment ► on lines 2a, 2b, and 2c	should equal 100%										
3а		ment funds not in the pos	session of the organi	zation	that a	re hel	d and	administer	ed for	the			
	organization by	anızatıons								Г	3a(i)	Yes	No
		nizations						•		-	3a(ii)		
b), are the related organiza									3b		
4	Describe in Part	XIII the intended uses o	f the organization's e	ndown	nent fu	ınds				L			
Pa		uildings, and Equip			200 5			- 11 - 0	_	000 P-			
		e if the organization a ription of property	inswered 'Yes' to Fe	orm s		or othe		<u>e 11a.See</u> (b)	Forr	n 990, Par Accumul			ok value
				(4	a) (in			Cost or other (other)	basıs	(c)deprecia		(3)50	74146
	Land			$\cdot \vdash$									
	Buildings			· -									
	Leasehold improve			· -				. –	0		0		0
d	Equipment			. -				67	,500		67,500		0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII	Investments—Other Securities. C See Form 990, Part X, line 12.	omplete if the org	anization answered 'Yes	on Form 990, Part IV, line 11b.
	(a) Description of security or categor (including name of security)	У	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	ial derivatives			
(3)Other	y-held equity interests			
(A) DOME	STIC PASSIVE INV PTNRSHIP		232,386,260	F
Total. (Colu Part VII	Investments—Program Related.	•	232,386,260	
	Complete if the organization answere	ed 'Yes' on Form 9		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
	ımn (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. Complete if the organizat (a) Des		n Form 990, Part IV, line 1:	1d See Form 990, Part X, line 15 (b) Book value
	lumn (b) must equal Form 990, Part X, col (B) line			
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.	ganization answer	ed Yes on Form 990, Pa	art IV, line IIe or IIT.
1.	(a) Description of liability	(b) Book valu	ue	
Federal in	come taxes			
Total /C-1	imp (h) must agral Form 000 Part V cal (h) to a CE Y	•		
2. Liability	<i>ımn (b) mus</i> t equal Form 990, Part X, col (B) line 25) v for uncertaın tax positions In Part XIII, prov	ride the text of the fo		
organizati XIII	on's liability for uncertain tax positions under	FIN 48 (ASC 740) (Check here if the text of the	footnote has been provided in Part

Schedule D (Form 990) 2015

Par		evenue per Audited Financial Statements With Revenue programmer ization answered 'Yes' on Form 990, Part IV, line 12a.	er R	eturn
1	Total revenue, gains, and other	r support per audited financial statements	1	
2	Amounts included on line 1 but	t not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) o	on investments 2a		
b	Donated services and use of fa	icilities 2b		
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990	D, Part VIII, line 12, but not on line 1		
а	Investment expenses not inclu	ıded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line 12)	5	
1	Complete if the organ	rpenses per Audited Financial Statements With Expenses ization answered 'Yes' on Form 990, Part IV, line 12a. audited financial statements	per 1	Keturn.
2		t not on Form 990, Part IX, line 25		
a		icilities 2a		
b	Prior year adjustments			
c	Other losses			
d				
e			2e	
3	5		3	
, ļ		D, Part IX, line 25, but not on line 1 :		
а		ided on Form 990, Part VIII, line 7b 4a		
b	•	4b		
c	,		4c	
5		Id 4c. (This must equal Form 990, Part I, line 18)	5	
	Total expenses Add files 3 an	The trial must equal to this 550, t are 1, this 10 / 1		<u> </u>
Part	XIII Supplemental Info	ormation		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Return Reference	Explanation		

Schedule D (Form 990) 2015	Page 5		
Part XIII Supplemental Informatio	n (continued)		
Return Reference	Explanation		

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SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No 1545-0047

Open to Public Inspection

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-F7.

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

Treasury Internal Revenue Service

Department of the

Name of the organization Employer identification number CHARLES KOCH INSTITUTE 27-4967732 Part I YES NO 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? Yes 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? Yes 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 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? 4d Νo If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo 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 Νo b Has the organization's right to such aid ever been revoked or suspended? 6b Νo 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

Yes

Page 2

Schedule E (Form 990 or 990-EZ) (2015)

Schedule E (Form 990 or 990EZ) (2015)

Return Reference Explanation

SCHEDULE E, PART I, LINE 3 THE ORGANIZATION HAS PUBLISHED ITS RACIALLY NONDISCRIMINATORY POLICY IN THE WASHINGTON TIMES

THE ORGANIZATION POES NOT SOLICIT CONTRIBUTIONS

SCHEDULE E, PART I, LINE 4D

THE ORGANIZATION DOES NOT SOLICIT CONTRIBUTIONS

efile GRAPHIC print - DO NO	T PROCESS	As Filed Da	ta -	DLI	N: 93493320044966		
SCHEDULE F Sta	atement of	Activities (Outside the Unit	ed States	OMB No 1545-0047		
Department of the Treasury	·	Part IV, line ► Attach	ation answered "Yes" to Form 990, ne 14b, 15, or 16. ch to Form 990. 0) and its instructions is at www.irs.gov/form990 . Open to Public Inspection				
Name of the organization CHARLES KOCH INSTITUTE				Employer id 27-496773	entification number		
Part I General Information Complete if the organic			he United States. form 990, Part IV, line	1	,,,		
1 For grantmakers. Does the and other assistance, the gused to award the grants or	rantees' eligibi			-			
2 For grantmakers. Describe assistance outside the Unit		rganızatıon's p	procedures for monitor	ing the use of its gr	ants and other		
3 Activites per Region (The follo	owing Part I, line	3 table can be o	luplicated if additional sp	ace is needed)			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) program service, describes specific type of service(s) in region			
(1) SOUTH AMERICA			PROGRAM SERVICES	RESEARCH	9,500		
(2) NORTH AMERICA			PROGRAM SERVICES	CONFERENCE	2,535		
(3)							
(4)							
(5)							
3a Sub-total b Total from continuation sheets to Part I					12,035		
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, se	e the Instructions	s for Form 990.	Cat	No 50082W Sc l	12,035 hedule F (Form 990) 2015		

Schedule F (Form 990) 2015

organización	and EIN (if applicable)	grant	cash grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							

Page 2

Schedule F (Form 990) 2015							Page 3
	ther Assistance to duplicated if addition			ted States. Complete	ıf the organization ar	answered "Yes" to Form 9	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)			1	'			
(2)			·	<u> </u>			
(3)			·	'		[
(4)			·	<u>'</u>		[
(5)			·	'		[
(6)			1	'		· '	
(7)			1	<u>'</u>			
(8)			·		—		

(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)		i	i		

(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(18)						
	1	l	I.	I.		

	•		Sched	ıle F (Form 990) 2015
(18)				
(17)				
(16)				
(15)				
(14)				
(13)				
(12)				
(11)				
(10)				
(9)				

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the

organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships ▽ (see Instructions for Form 8865) Yes

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form Yes 5713, do not file with Form 990) Νo

Νo

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

EXPENDITURES ARE BASED ON THE GAAP METHOD OF ACCOUNTING

Page 5

this part to provide any additional information (see instructions).

Schedule F (Form 990) 2015

SCHEDULE F. PART I. COLUMN F.

990 Schedule F. Supplemental Information

770 Schedule 1, Supplemental Info	30 Schedule 17 Supplemental Information							
Return Reference	Explanation							

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organiza
Department of the
Treasury

Information about Schedule

Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

Open to Public

DLN: 93493320044966

Inspection

Employer identification number

CHARLES ROCH INSTITUTE						27-4967732	
Part I General Information	on on Grants an	d Assistance					
Does the organization maintain the selection criteria used to a Describe in Part IV the organiz Part II Grants and Other Assist that received more than	ward the grants or as ation's procedures for ance to Domestic Or	ssistance? or monitoring the use ganizations and Dome	of grant funds in the Unstic Governments. Com				✓ Yes No
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 5	01(c)(3) and govern	ment organizations lis	ted in the line 1 table .				47
3 Enter total number of other orga	anızatıons lısted ın t	he line 1 table				•	0
For Paperwork Reduction Act Notice, se	e the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

(a) Type of grant or assistance

(f)Description of non-cash assistance

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

(c)A mount of

THE ORGANIZATION'S EDUCATIONAL PROGRAMS FULFILLED BY THE USE OF GRANT FUNDS

(b) Number of

		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(1,7)				
(1) EDUCATIONAL GRANTS		258	368,818							
Part IV Supplemental	Informat	ion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.				
Return Reference	Explanation	on								
SCHEDULE I. PART I. LINE 2	THE ORGA	THE ORGANIZATION PROVIDED GRANTS TO THE ABOVE-MENTIONED PUBLIC CHARITIES TO ENABLE INDIVIDUALS WORKING AT THE								

(d)A mount of

(e) Method of valuation (book,

GRANTEES TO ATTEND THE ORGANIZATION'S CLASSROOM EDUCATIONAL PROGRAMS AS STUDENTS THE GRANT AWARD LETTERS PROHIBIT THE GRANTEE FROM USING THE GRANT FUNDS FOR LOBBYING AND POLITICAL PURPOSES, AND MAY REQUIRE THE GRANTEE TO FURNISH A REPORT TO THE ORGANIZATION DESCRIBING THE CHARITABLE AND EDUCATIONAL ACTIVITIES IN CONNECTION WITH

Schedule I (Form 990) 2015

Additional Data

Washington, DC 20036

2900 Crystal Drive 6th Floor Arlington, VA 22202

American Legislative

Exchange

52-0140979

Software ID: Software Version:

501 (c)(3)

EIN: 27-4967732

Name: CHARLES KOCH INSTITUTE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (q) Description of (h) Purpose of grant ıf applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Acton Institute 38-2926822 501 (c)(3) 15,000 EDUCATION 98 E Fulton Street Grand Rapids, MI 49503 American Council of Trustees 52-1870003 501 (c)(3) 19,491 EDUCATION and Alumni 1730 M Street NW Suite 600

37,200

EDUCATION

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Americans for Prosperity 52-1527294 501 (c)(3) 66,182 EDUCATION Foundation 1310 N Courthouse Rd C.... 700 TION

Arlington, VA 22201					
America's Future Foundation 1513 16th Street NW Washington, DC 20036	52-1928321	501 (c)(3)	10,450		EDUCATION
Atlas Economic Research	94-2763845	501 (c)(3)	21,700		EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Foundation 1201 L Street NW

Washington, DC 20005

Floor 2

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Ayn Rand Institute 22-2570926 501 (c)(3) 6,200 EDUCATION 2121 Alton Parkway Suite 250

22,909

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (c)(3)

Irvine,CA 92606						
Bill of Rights Institute						
200 N Glebe Road						
Suite 200						
Arlınaton.VA 22203						

Washington, DC 20001

NW

48-0891418

23-7432162 501 (c)(3) 21.709 EDUCATION Cato Institute 1000 Massachusetts Avenue

EDUCATION

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Center for Competitive 20-3676886 501 (c)(3) 8,000 EDUCATION Politics 124 West Street S Suite 201 Alexandria, VA 22314 501 (c)(3) 10,000 48-0918408 EDUCATION

10.500

EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (c)(3)

Charles Koch Foundation 1320 N Courhouse Road					
Suite 500					
Arlington, VA 22201					

Committee for a Constructive

Tomorrow PO Box 65722 Washington, DC 20035 52-1462893

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Commonwealth FDN for Public 23-2473845 501 (c)(3) 10,000 EDUCATION Policy Alternatives 225 State Street Suite 302 Harrisburg, PA 17101 ION

Compact for America Educational Foundation 2323 Clear Lake City Blvd Ste 180-190 Houston,TX 77062	46-5469141	501 (c)(3)	10,000		EDUCATION
Competitive Enterprise	52-1351785	501 (c)(3)	5,820		EDUCATION

Institute 1899 L Street NW

Washington, DC 20005

Floor 12

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Daily Caller News Foundation 45-2922471 501 (c)(3) 18,200 EDUCATION 1050 17th St NW Suite 900 Washington, DC 20036 EDUCATION

EDUCATION

Foundation for Economic Education 30 S Broadway Ave Irvington, NY 10533	13-6006960	501 (c)(3)	28,400	
Franklın Center for Government	26-4066298	501 (c)(3)	11,600	

107 S West Street Suite 718

Alexandria, VA 22314

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Illinois Policy Insitute 41-2057028 501 (c)(3) 52,821 EDUCATION 190 S Lasalle St Suite 1630 Chicago, IL 60603 Institute for Energy Research 76-0149778 501 (c)(3) 31,091 EDUCATION

7,273

EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (c)(3)

1155 15th Street NW
900
Washington, DC 20005
Institute for Faith Work and

8400 Westpark Drive

McLean, VA 22102

Suite 100

45-2481867

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Institute for Humane Studies 94-1623852 501 (c)(3) 75,200 EDUCATION 3434 Washington Blvd Arlington, VA 22201 ATION

Institute for Justice 901 N Glebe Road Suite 900 Arlington, VA 22203	52-1744337	501 (c)(3)	6,200		EDUCATION
Institute to Reduce Spending	61-1701005	501 (c)(3)	13,709		EDUCATION

Inc

PO Box 1031

Alexandria, VA 22313

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance James Madison Institute 59-2811908 501 (c)(3) 20,000 IEDUCATION. 100 N Duval St 20-2454741 501 (c)(3) 15,000

11.200

EDUCATION

EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (c)(3)

_	Tallahassee,FL 32301							
	John W Pope Civitas Institute							
	100 S Harrington St							
	Raleigh, NC 27603							

Leadership Institute

1101 North Highland Street Arlınaton, VA 22201

51-0235174

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Manhattan Institute for Policy 13-2912529 501 (c)(3) 24,200 EDUCATION 52 Vanderbilt Avenue 3rd Floor New York, NY 10017 ATION

Nat'l Right to Work Legal Defense & Educ FDN 8001 Braddock Road Suite 600 Springfield,VA 22150	59-1588825	501 (c)(3)	9,200		EDUCATION
National Taxpayers Union Foundation	52-1122683	501 (c)(3)	14,000		EDUCATION

25 Massachusetts Ave NW

Washington, DC 20001

Suite 140

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Nevada Policy Research 88-0276314 501 (c)(3) 15,000 EDUCATION Institute

7130 Placid Street Las Vegas,NV 89119					
Pacific Legal Foundation 930 G Street	94-2197343	501 (c)(3)	9,000		EDUCAT

5737 Mesmer Avenue Los Angeles, CA 90230

Pacific Legal Foundation 930 G Street	94-2197343	501 (c)(3)	9,000		EDUCATION
Sacramento, CA 95814					
Reason Foundation	95-3298239	501 (c)(3)	10,200		EDUCATION

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Rio Grande Foundation 85-0468446 501 (c)(3) 10,000 EDUCATION PO Box 40336

Albuqerque, NM 87196					
State Policy Network 1655 North Fort Meyer Drive Suite 360 Arlington, VA 22209	57-0952531	501 (c)(3)	5,200		EDUCATION

Strata 45-5339959 501 (c)(3) 25,000 EDUCATION 255 S Main St

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Suite 100 Logan, UT 84321

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Students for Liberty 94-3435899 501 (c)(3) 13,800 EDUCATION 1101 17th Street NW Suita 810 ATION

Washington, DC 20036					
Sunshine Review DBA State Budget Solutions 3901 Courtland Circle	27-1501919	501 (c)(3)	6,400		EDUCA

Washington, DC 20005

3901 Courtland Circle Alexandria, VA 22201					
Tax Foundation 1325 G Street NW Suite 950	52-1703065	501 (c)(3)	6,200		EDUCATION

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) TechFreedom 27-3567814 501 (c)(3) 13,200 EDUCATION 110 Maryland Ave NE Washington DC 20002 ATION

Washington, DC 20002					
Texas Public Policy Foundation 901 Congress Ave Austin,TX 78701	74-2524057	501 (c)(3)	20,123		EDUCA.
The Federal Construction Law	36 3335550	F01 (-)(2)	6 400		EDUCA

Suite 425

Washington, DC 20036

EDUCATION The Federalist Society for Lawl 36-3235550 501 (c)(3) 6,4001 1776 I Street NW

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) The Grassroot Institute of 99-0354937 501 (c)(3) 10,000 EDUCATION Hawaıı Inc 335 Merchant St 3377 Honolulu, HI 96801 EDUCATION

EDUCATION

The John K MacIver Institute 44 East Mifflin Street Suite 201 Madison, WI 53703	26-2639114	501 (c)(3)	10,000		Ē
Victims of Communism	52-1920858	501 (c)(3)	11,018		E

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Memorial 300 New Jersey Avenue NW Suite 900

Washington, DC 20001

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Wisconsin Institute for Law & 45-1606079 501 (c)(3) 10,000 EDUCATION Liberty Inc

1139 E Knapp Street Milwaukee, WI 53202					
Young Americans for Liberty Foundation	45-3503672	501 (c)(3)	23,000		EDUCAT

Arlington, VA 22201

NOIT 3030 Clarendon Blvd Suite 200

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

2015 Open to Public

OMB No 1545-0047

Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493320044966

nterr	nal Revenue Service				TUE D	ecuo	П
Νa	me of the organization			Employer identification	on nur	nber	
CHA	ARLES KOCH INSTITUTE			27-4967732			
Рa	Tt I Questions Regarding Compensation			27 1307732			
						Yes	No
1 a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	√	Housing allowance or residence fo	r personal use			
	Travel for companions	Γ	Payments for business use of pers	onal residence			
	▼ Tax idemnification and gross-up payments	~	Health or social club dues or initia	tion fees			
	Discretionary spending account		Personal services (e g , maid, cha	uffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr				1b		Νo
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executive	burs	ing or allowing expenses incurred b	y all	2	Yes	
3	Indicate which, if any, of the following the filing organiza organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	apply	Do not check any boxes for metho	ds			
	Compensation committee	Γ	Written employment contract				
	Independent compensation consultant	~	Compensation survey or study				
	Form 990 of other organizations	✓	Approval by the board or compens	ation committee			
4	During the year, did any person listed on Form 990, Par or a related organization	t VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	men	t?		4a		Νo
b	Participate in, or receive payment from, a supplemental	none	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based	d cor	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de th	e applicable amounts for each item	ın Part III			
	Only 501/2/(3) 501/2/(4) and 501/2/(30) aggregation to		est complete lines E.O.				
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of			any			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, lincompensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue	any			
а	The organization?				6 a		Νo
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc			on-fixed	7	Yes	
В	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III				8		Νo
9	If "Yes" on line 8, did the organization also follow the re	butta	able presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

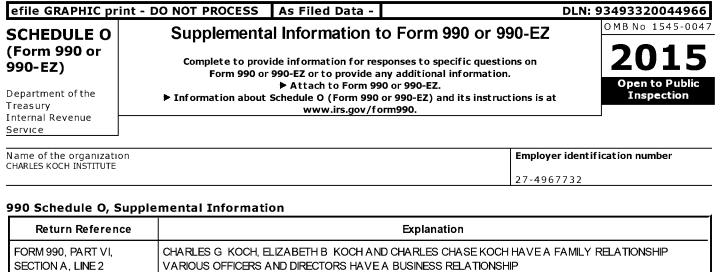
For each individual whose compensation must be reported on Schedule 3, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

(A) Name and Title	L	(B) Breakdown of	fW-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (ı) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 BRIAN HOOKSPRESIDENT	(i)	192,472	0	14	1,025	11,894	205,405	
	(ii)	47,142	200,000	7,919	14,875	3,130	273,066	
2 WILLIAM RUGER VICE PRESIDENT-	(i)	200,757	90,000	25,178	15,078	15,024	346,037	
	(ii)	0	0	0	0	0	0	
3 ALISON FRASER MANAGING DIR - RESEARCH/POLICY	(i)	183,151	7,500	17	11,550	15,024	217,242	
	(ii)	0	0	0	0	0	0	
4 KATHLEEN ROBERTS VICE PRESIDENT- EXT	(i)	150,001	75,000	17	13,500	564	239,082	
RELATIONS	(ii)	0	0	0	0	0	0	
5 TONYA MULLINS DIRECTOR-	(i)	141,584	15,000	17	8,338	15,024	179,963	
COMMUNICATIONS & MKTG	(ii)	0	0	0	0	0	0	
6 SHANNON FOWLER DIRECTOR-HUMAN	(i)	97,412	35,000	17	8,100	10,288	150,817	
RESOURCES	(ii)	0	0	0	0	0	0	
7 DEREK JOHNSON DIRECTOR-EDUC	(i)	87,802	0	13	5,275	713	93,803	
DEVELOPMENT	(ii)	22,887	40,000	4	3,775	188	66,854	

Schedule J (Form 990) 2015	Page 3							
Part III Supplemental Information								
Provide the information, explanation, o	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							
Return Reference	Explanation							
SCHEDULE J, PART I, LINE 1A	AN EMPLOYEE RECEIVED A HOUSING ALLOWANCE THAT WAS INCLUDED IN HIS TAXABLE COMPENSATION AN EMPLOYEE RECEIVED A TAX GROSS-UP PAYMENT THAT WAS INCLUDED IN HIS TAXABLE COMPENSATION THE ORGANIZATION PAID SOCIAL CLUB DUES FOR AN EMPLOYEE THE DUES WERE NOT TREATED AS TAXABLE COMPENSATION BECAUSE THE SOCIAL CLUB USE IS FOR BUSINESS USE							
SCHEDULE J, PART I, LINE 2	THE ORGANIZATION DOES NOT HAVE A POLICY REGARDING PAYMENT OR REIMBURSEMENT OR PROVISION OF ALL THE EXPENSES BECAUSE THESE WERE ONE TIME PAYMENTS ASSOCIATED WITH RELOCATION							

Schedule J (Form 990) 2015

FINANCIAL RESULTS OF THE INSTITUTE



THERE ARE NO SUCH COMMITTEES.

FORM 990, PART VI.

SECTION A, LINE 8B

Return Reference Explanation

FORM 990, PART VI, SECTION CHARLES G KOCH, ELIZABETH B KOCH, CHARLES CHASE KOCH AND DUSTIN PERRY CAN BE REACHED

990 Schedule O, Supplemental Information

A, LINE 9	AT 4111 E. 37TH STREET N, WICHITA, KS 67220
FORM 990, PART VI, SECTION	A COPY OF THE INSTITUTE'S FORM 990 WAS SENT TO AND REVIEWED BY THE INSTITUTE'S TREASURER A
B, LINE 11B	ND SECRETARY IF TIME ALLOWS, THE FORM 990 AND ALL REQUIRED SCHEDULES WILL BE PROVIDED TO

THE BOARD OF DIRECTORS PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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, LINE 15A & 15B	WITH RESPECT TO COMPENSATION FOR THE ORGANIZATION'S OFFICERS, OTHER THAN THE PRESIDENT, FO R THE 2015 YEAR THE PRESIDENT AND HUMAN RESOURCES DIRECTOR DETERMINED THE COMPENSATION LEV ELS AND THOSE INDIVIDUALS WERE COMPENSATED BASED ON COMPARABLE AMOUNTS PAID BY COMPARABLE ORGANIZATIONS FOR COMPARABLE SERVICES ALL COMPENSATION AMOUNTS ARE PROVIDED TO AND REVEW ED BY THE BOARD OF DIRECTORS THE PRESIDENT'S COMPENSATION WAS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS BASED ON COMPARABLE AMOUNTS PAID BY COMPARABLE ORGANIZATIONS FOR COMPARABLE SERVICES

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990. PART VI. SECTION C. LINE 19

THE INSTITUTE MAKES DOCUMENTS AVAILABLE IN ACCORDANCE WITH IRS RULES

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

DLN: 93493320044966 OMB No 1545-0047

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.

2015

Open to Public Inspection

Schedule R (Form 990) 2015

Department of the Treasury Internal Revenue Service Name of the organization

CHARLES KOCH INSTITUTE

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

Employer identification number

27-4967732 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) CKI EVENTS LLC SCHOOL EVENTS DE 0 0 CKI 1320 N COURTHOUSE RD STE 500 ARLINGTON, VA 22201 27-4967732 (2) WEB MEDIA LLC WEB HOSTING 0 CKI DE 0 1320 N COURTHOUSE RD STE 500 ARLINGTON, VA 22201 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. (b) (c) (d) (e) (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes Nο (1)CHARLES KOCH FOUNDATION GRANT MAKING NA KS 501(C)(3) No PO BOX 2256 WICHITA, KS 67201 48-0918408 (2) FRED C & MARY R KOCH FOUNDATION INC GRANT MAKING KS 501(C)(3) NA No PO BOX 2256 WICHITA, KS 67201 48-6113560 (3)KNOWLEDGE AND PROGRESS FUND INC GRANT MAKING 501(C)(3) NA KS No PO BOX 2256 WICHITA, KS 67201 54-1899251

Cat No 50135Y

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.

(a) Name, address, and EIN of related organization	Primary activity Legal Direct Predominant Share of total Sh	domicile controlling state or entity foreign	income(related, unrelated, excluded from tax under sections 512- 514)	ant Share of total ated, Income d, from er	(g) Share of end- of-year assets	(h) Disproprtionat allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging :ner [?]	(k) Percentage ownership	
							Yes	No		Yes	_	
(1) EFPRP INVESTMENTS LLC 4111 E 37TH STREET NORTH WICHITA, KS 67220 45-5579068	INVESTMENTS	DE	CKF	EXCLUDED FROM TAX	1,780,879	218,378,404	Yes		-277,265		No	30 551 %

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	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled	
		country)		or trust)				entity? Yes	No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

Yes

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b Y	'es	
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c Y	es	
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j Y	'es	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Y	'es	
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10 Y	'es	
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
				4-	_	Na.
r Other transfer of cash or property to related organization(s)				1r	es	No
s Other transfer of cash or property from related organization(s)				1s Y	es	
2 If the answer to any of the above is "Yes," see the instructions for information on who must compl	ete this line, including co	vered relationships	and transaction threshold	s		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount inv	olved	
(1)EFPRP INVESTMENTS LLC	В	8,500,000	FMV			
(2)EFPRP INVESTMENTS LLC	S	12,500,000	FMV			
	+					

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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 sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 .	
	l .		<u> </u>			1				C-l	ll. D (5		2015

