# Form **990-PF**

## **Return of Private Foundation**

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

Depa	ertment of the Treasunal Revenue Service	ry	▶ Information	)o not enter∙ on about For	social security numbers om 990-PF and its separat	on this form as e instructions	it may be m is at www. <i>lr</i> .	ade public. s. <i>gov/form990of.</i>	Open to Public Inspection
	calendar year 20	16 or tax yea		311 dbodt 1 01	III 330 11 and its separat	, and e			Coper to Fuolic inspection
	me of foundation							A Employer identification	number
ĸ	OCH FAM	IIV FO	דיים	ON TNO	۲			52-1859184	
	nber and street (or F						Room/suite	B Telephone number	<del></del>
_ 2	661 RIV	A ROAD					220	410-573-57	20
	or town, state o			or foreign p	postal code			C If exemption application is p	ending, check here
	NNAPOLI:		21401	<del></del>	Initial return of a	former public o	sharity	D 1 Foreign organizations	c chack here
u	лісск ан шагарр	у	Final return		Amended return	torrier public t	nany	D i l'oreign organizations	s, check here
			Address cha	ange	Name change			Foreign organizations me check here and attach co	eeting the 85% test, proputation
H C	heck type of org	anization:	X Section	501(c)(3) e	xempt private foundation			E If private foundation sta	tus was terminated
	Section 4947(	a)(1) nonexer	mpt charitable	trust	Other taxable private foun	dation		under section 507(b)(1	
	ıır market value o		end of year	J Account	~	Accr	ual	F If the foundation is in a	
	rom Part II, col		2 677		ther (specify) imn (d) must be on cash	hace l		under section 507(b)(1	)(B), check here
	srt   Analysis	of Revenue a	nd Expenses		(a) Revenue and	T	vestment	(c) Adjusted net	(d) Disbursements
_ <del></del>	(The total of necessarily	amounts in collegual the amou	lumns (b), (c), and ints in column (a)	d (d) may not	expenses per books		ome	income	for charitable purposes (cash basis only)
	1		nts, etc , receiv		45,000	•			
	2 Check	_	ion is not required to	attach Sch B					
	cash investm								Cm. mn 1
			rom securities		1	•	1.	1.	STATEMENT 1
	5a Gross rents  b Net rental inc				<u> </u>	<u> </u>		<del>                                     </del>	<del> </del>
•	6a Net gain or (le		f assets not on li	ne 10		<u> </u>			
'nű	b Gross sales p	price for all							
Revenue	7 Capital gain i	et income (from	n Part IV, line 2)				0.		
<u>.                                    </u>		erm capital ga	ain			<del> </del>			
	9 Income mo		I			<del> </del>		<del>                                     </del>	
	10a and allowand				<del> </del>	<del> </del>		<del></del>	<del> </del>
	c Gross profi	-							
	11 Other incor	` '							
		lines 1 throu			45,001		1,	1.	
	i .		rectors, trustees,	etc	0_	•	0.	0.	0
	1	oyee salaries	=						
es	15 Pension pla 16a Legal fees	mo, employet	כ טפוופוונא			<del> </del>			
Expenses	<b>b</b> Accounting	fees	ST	MT 2	850	•	0.	0.	0
Exp	c Other profe	ssional fees							
tive	17 Interest							<u> </u>	
Administrative	18 Taxes						<del></del>		
inis	19 Depreciation 20 Occupancy	n and depleti	on			<del> </del>			-
Adn	21 Travel, con		l meetinas			<del>                                     </del>			
and	·	d publications	-					<del> </del>	
ng a		-		MT 3	4	•	0.	0.	0
Operating	24 Total opera								
Ope	expenses	Add lines 13			854	•	0.	. 0.	0
	25 Contribution 26 Total expe	ns, gitts, gran	nts-paid		41,650	•			41,650
	Add lines 2	ises and dist 4 and 95	oursements-	ان ر	42,504		0.	0.	41,650
_	27 Subtract lin	£26 from lin	e,12; r 20	17   5	42,504				
	27 Subtract lin	entie over expe	r U 0 CU	17 O	2,497				
	b Net invest	nent <del>income</del>	(if-negative, ente				1.		
	C Adjusted n	et income (itz	negative lenter	ا الد	l			1.	

823501 11-23-18 LHA For Paperwork Reduction Act Notice, see instructions

_		10-PF (2016) KOCH FAMILY FOUNDATION	INC		.859184 Page 2
P	art	Balance Sheets   Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	End of (b) Book Value	year (c) Fair Market Value
_	1	Cash - non-interest-bearing	(a) Dook value	(a) Dook value	1-1
	l	Savings and temporary cash investments			
		Accounts receivable			
	٦	Less: allowance for doubtful accounts	1		
	4	Pledges receivable			
	"	Less: allowance for doubtful accounts			
	۰	Grants receivable			
	5				
	6	Receivables due from officers, directors, trustees, and other	1		
	_	disqualified persons			
	/	Other notes and loans receivable	-		
	١.	Less: allowance for doubtful accounts	<del> </del>		
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
1	l .	Investments - U.S. and state government obligations			
	b	investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 4	180.	2,677.	2,677.
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation	7		
	15	Other assets (describe ► )			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	180.	2,677.	2,677.
	17	Accounts payable and accrued expenses	2000		<u> </u>
	18	Grants payable			
<b>10</b>	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
pil	21	Mortgages and other notes payable			
Ľ		Other liabilities (describe )			
	22	Other hadrilles (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
JUE :	25	Temporarily restricted			
3al		Permanently restricted		•	
פַ	20	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31			
ō	07	Capital stock, trust principal, or current funds	0.	0.	
ets	27	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
SSI	28	, , , , , , , , , , , , , , , , , , , ,			
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	180.	2,677.	
ž	30	Total net assets or fund balances	180.	2,677.	
	24	Total liabilities and not assets found between	180.	2,677.	
_		Total liabilities and net assets/fund balances		2,011.	
P	art	Analysis of Changes in Net Assets or Fund E	Balances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	e 30		<del></del>
		st agree with end-of-year figure reported on prior year's return)		1	180.
		amount from Part I, line 27a		2	2,497.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	2,677.
5	Decr	eases not included in line 2 (itemize) >		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	2,677.
				<del>_</del>	Form <b>990-PF</b> (2016)

623511 11-23-16

	FAMILY FOUNDAT				52-	1859184	Page (
<del></del>	nd Losses for Tax on In the kind(s) of property sold (e.g.		t Income	(h) How acquired	(-) Data assu	(4) Do	to cold
(a) List and describ 2-story brick ware	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Da (mo., day, yr.) (mo., d		iay, yr.)			
		·		B Bonaton			
b NON	E						
C							
d							
e			<del> </del>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	, , , ,	st or other basis expense of sale		(h) Gain ( (e) plus (f)		
•	(or unovasio)	pias	-		(0) plus (1)		
b				-			
C							
d							
e							
Complete only for assets showing	gain in column (h) and owned by	the foundation	n on 12/31/69			h) gain minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any	COI.	Losses (fro	ess than -0-) <b>or</b> m col. (h))	
a							
b							
C	<del></del>				<del></del>		
<u>d</u>							
<u>e</u>	<b>.</b>						
2 Capital gain net income or (net capi	tal loss) { If gain, also enter   If (loss), enter -0-	' in Part I, line - in Part I, line	7 7	2			
, ,			,	/ <del> </del>			
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co		iu (b).		]			
If (loss), enter -0- in Part I, line 8				<u>}ੇ 3</u>			
Part V Qualification Un	der Section 4940(e) for	Reduced	l Tax on Net	Investment Inc	ome		
(For optional use by domestic private f	oundations subject to the section 4	1940(a) tax on	net investment in	icome.)			
f section 4940(d)(2) applies, leave this	part blank.						
				10		[] ,,	X No
Was the foundation liable for the section if "Yes," the foundation does not qualify			•	1002		Yes	LAL NO
1 Enter the appropriate amount in ea		•		ntries		<del></del>	
(a)	(b)		, , , , , , , , , , , , , , , , , , ,	(c)	<u> </u>	(d) Distribution ratio	
Base periód years Calendar year (or tax year beginning	A discontant association as also	tributions	Net value of no	ncharitable-use assets	(col.	Distribution ratio (b) divided by col	(c))
2015		9,415.		177		222.6	8361
2014		7,540.		5,857			9470
2013		<u>3,925.</u>		17,378	_		5218
2012		3,565.		51,924			4642
2011	11	9,640.		16,604	•	7.2	0549
D. Takal of head and house (d)						225 4	0242
<ul><li>Total of line 1, column (d)</li><li>Average distribution ratio for the 5-</li></ul>	war hasa pariod - divide the total o	on line 2 by 5	or by the number	of years	2	235.4	0242
the foundation has been in existence		on mic z by o,	or by the number	or years	3	47.0	9648
	o in 1000 than o yours						<u> </u>
Enter the net value of noncharitable	-use assets for 2016 from Part X, I	line 5			4	2	,637
	·						
5 Multiply line 4 by line 3					5	124	,193
6 Enter 1% of net investment income	(1% of Part I, line 27b)				6		0
					_	404	100
7 Add lines 5 and 6					7	124	,193
B Enter qualifying distributions from F	Part VII. ling A				8	// 1	,650
, , ,	•	1h and	alata that seed	a a 19/ toy -at-	0	4.1	,050
If line 8 is equal to or greater than li See the Part VI instructions.	HE 1, CHECK THE DOX IN PART VI, IME	ib, and comp	nete that part usin	y a 1% tax rate.			

	n 990-PF (2016) KOCH FAMILY FOUNDATION INC 52-1 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	L85918 see ins		Page 4 ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%			0.
_	of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
- 1	Credits/Payments:			<u>.</u>
6				
	2016 estimated tax payments and 2015 overpayment credited to 2016  6a			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld 6d			•
	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here If Form 2220 is attached 8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax			
Pa	art VII-A Statements Regarding Activities		1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u></u>	Υe	s No
	any political campaign?	1	a	X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			1
C	Did the foundation file Form 1120-POL for this year?	1	c	Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	X
_	If "Yes," attach a detailed description of the activities.			<del> </del>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
Ū	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	1		X
Áα	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	<del></del>		- 25
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	`		X
3	If "Yes," attach the statement required by General Instruction T.	-	<del>'</del>	
6	·			
O	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  • By language in the governing instrument, or			
	, , ,	İ		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		.   ,,	
_	remain in the governing instrument?	-		
1	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		' X	
_	Fator the states to relich the foundation are also county which they are also also as a second secon			
ва	Enter the states to which the foundation reports or with which it is registered (see instructions)	—		
	MD			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		.   <u>.</u> .	
	of each state as required by General Instruction G? If "No," attach explanation	8	b X	-
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	[		
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	- 9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		<del> </del>	<u> </u>
		Form 🤄	90-P	<b>F</b> (2016)

X

3b

4a

Yes X No

during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

orm 990-PF (2016) KOCH FAMILY FOUNDATION I			<u>52-18591</u>	84 1	Page 6
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:				ļ	Ì
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		1
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,	ĺ	İ	
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? (see instructions)		Y6	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t			Ì	
the prevention of cruelty to children or animals?	, a	\[ \V_\epsilon	s X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described				ĺ
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•		<b>▶</b>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined			ļ
expenditure responsibility for the grant?		1/A 🔲 Ye	s No		
		السااة	, s NO		l
If "Yes," attach the statement required by Regulations section 53.494.	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	v.	s X No		
a personal benefit contract?		Y6	S LAL NO	CL	v
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal penetit contract?		<u> </u>	6b	X
If "Yes" to 6b, file Form 8870		,,	[ <del>1</del> ].		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6	s X No		├─
b If "Yes," did the foundation receive any proceeds or have any net income attribution of the state of the st				7b	<u></u>
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higni	/		
List all officers, directors, trustees, foundation managers and their	componentian				
List all Officers, directors, dustees, foundation managers and their		(c) Compensation	(d) Contributions to	(e) Exp	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account,	, other
	to position	enter -0-)	compensation	allowa	nces_
	PRESIDENT/TRE	EASURER			
2661 RIVA ROAD, SUITE 220				1	_
ANNAPOLIS, MD 21401	0.00	0.	0.	<u> </u>	<u>0.</u>
	<del></del>			<u> </u>	
		İ			
		<u> </u>		<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		·	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Exp account, allowa	ense other
(a) Name and address of each employee paid more than \$60,000	devoted to position	(c) Compensation	and deferred compensation	allowa	nces
NONE					
			<u> </u>		
				İ	
				1	
	1				
	<del></del>				
Total number of other employees paid over \$50,000	·		<u> </u>		0
Total number of differ employees haid dag, dod and and			Ener	990-PF	<u>-</u>
			LOUI	1990-LL	(2010)

Form 990-PF (2016) KOCH FAMILY FOUNDATION INC		1859184 Page 7
Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	oundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none	e, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
T. I days be a fallow year of the control of the co		▶ 0
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include releval	nt statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research pap		Expenses
1 N/A		
2		
<u> </u>		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
1 <u>N/A</u>		
All other program-related investments See instructions.		<u> </u>
The other program related investments occurrences.		
Total, Add lines 1 through 3	<b>&gt;</b>	0.
		Form <b>990-PF</b> (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
a	Average monthly fair market value of securities	1a	2,677.
b		16	
	Fair market value of all other assets	1c	
d		1d	2,677.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,677.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	40.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,637.
6	Minimum investment return. Enter 5% of line 5	6	2,637. 132.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	nd certain	
	foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	132.
2a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	}	
þ	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	_3	132.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	132.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	132.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	41,650.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	41,650.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	41,650.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	
	4940(e) reduction of tax in those years.		•

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d</b> ) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				132.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			<u> </u>	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2016.		0.		
a From 2011 118, 811.				
b From 2012 30,969.				
c From 2013 33,056.				
d From 2014 17, 247.				
e From 2015 39, 406.				
f Total of lines 3a through e	239,489.			
4 Qualifying distributions for 2016 from	200,400.			
Part XII, line 4: ▶ \$ 41,650.				
a Applied to 2015, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior			<u></u>	
years (Election required - see instructions)		0.		1
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount		· · · · · · · · · · · · · · · · · · ·		132.
e Remaining amount distributed out of corpus	41,518.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a))  6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	281,007.			
b Prior years' undistributed income. Subtract	2017007.		7.7	
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015 Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	118,811.			
9 Excess distributions carryover to 2017.	110,011.			
Subtract lines 7 and 8 from line 6a	162,196.		,	
O Analysis of line 9:				
a Excess from 2012 30,969.				
b Excess from 2013 33,056.				
c Excess from 2014 17,247.	1			
d Excess from 2015 39, 406.		İ	1	
e Excess from 2016 41,518.				
				Form 990-PF (2016)

	MILY FOUNDA			52-18	359184 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VI	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2016, enter the date of t	he ruling	<b>▶</b>		
<b>b</b> Check box to indicate whether the found	dation is a private operation	ig foundation described	n section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					_
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					_
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	}				_
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon;  a "Assets" alternative test - enter*					
(1) Value of all assets	}				
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter 2/3 of minimum investment return		<u> </u>		_	
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		-			
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					_
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)				<del></del>	<del>-</del>
(3) Largest amount of support from			}		
an exempt organization					
(4) Gross investment income Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5 000 or m	ore in assets
at any time during t			ii tile loulluatio	11 1180 \$5,000 OF 11	ore in assets
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by th	ne foundation before the cl	ose of any tax
GARY W. KOCH					
<b>b</b> List any managers of the foundation who ther entity) of which the foundation ha			(or an equally large por	tion of the ownership of a	partnership or
NONE					
2 Information Regarding Contributi	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
	only makes contributions t	o preselected charitable	organizations and does	s not accept unsolicited rec	
a The name, address, and telephone num	·	<del></del>		<del></del>	<u></u>
SEE STATEMENT 5	o out mytted and referred	uon and materials the	anuld includes		
b The form in which applications should b	e submitted and informat	ion and materials triey si	ioura include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	ıl areas, charitable fields,	kinds of institutions, o	r other factors:	
					Form <b>990-PF</b> (2016)
623601 11-23-16					rorm <b>330-77</b> (2016)

**≥** 3b

Total

nter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
1 Program service revenue.	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
*	0000		++		
ab					
c		,			
d		T-1-1-1			
e					
1					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			-   -		
Dividends and interest from securities			14	1.	
Net rental income or (loss) from real estate:			<del>                                     </del>		
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property	1				
Other investment income					
Gain or (loss) from sales of assets other					·
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue*					
a					
b					
c					
d					
e					
Subtotal. Add columns (b), (d), and (e)		0	<u> </u>	1.	0
Total Add line 12, columns (b), (d), and (e)				13	1
ee worksheet in line 13 instructions to verify calculations	<u> </u>				
Part XVI-B Relationship of Activities	to the Acco	mnlishment of l	Evemnt	Purnoses	
·	<del></del>		<u> </u>	<u>-</u>	····- <u>·</u>
ine No Explain below how each activity for which in	come is reported in	column (e) of Part XV	l-A contribu	uted importantly to the accomp	olishment of
▼ the foundation's exempt purposes (other the	an by providing tun	as for such purposes)			
			<del>-</del>		
		<del></del>			
		<del></del>			
					··
			-		
	<del></del>				<del></del>
		<del></del>			

Part XVII		FAMILY FOU			nd Relationships With Nonch		age 13
Taltati	Exempt Organ			iliu Tralisactions ai	id helationships with Nonch	iai itabie	
1 Did the o			f the followin	n with any other organization	described in section 501(c) of	Yes	No
				7, relating to political organiz	, ,		
	s from the reporting found					]	Ì
(1) Cash						1a(1)	X
(2) Othe	er assets					1a(2)	X
<b>b</b> Other tra	nsactions:						
(1) Sale	s of assets to a noncharita	ble exempt organization	on			1b(1)	X
(2) Puro	chases of assets from a no	ncharitable exempt or	ganızatıon			1b(2)	X
(3) Rent	tal of facilities, equipment,	or other assets				1b(3)	X
<b>(4)</b> Rein	nbursement arrangements					1b(4)	X
(5) Loar	ns or loan guarantees					1b(5)	X
(6) Perf	ormance of services or me	embership or fundraisi	ng solicitatio	ns		1b(6)	X
	of facilities, equipment, ma	- '				1c	X
					ays show the fair market value of the goods		
				ed less than fair market value	in any transaction or sharing arrangement	i, show in	
	d) the value of the goods,	,		Avament accounts	(3)		
(a) Line no	(b) Amount involved	(c) Name of r		exempt organization	(0) Description of transfers, transactions, ar	nd sharing arrangem	ents
			N/A	<del></del>	<del></del>		
					<del> </del>		<del></del>
	··· · · · · · · · · · · · · · · · · ·		<del></del>		<del></del>		
	<del></del>	<del></del> -		· · · · · · · · · · · · · · · · · · ·			
	<del></del>						
	***				·		
				<del></del>			
	<del></del>						
		<u> </u>					
				<del></del>		·	
				· · · · · · · · · · · · · · · · · · ·			
		-					
2a Is the fou	indation directly or indirect	tly affiliated with, or re	lated to, one	or more tax-exempt organiza	ations described		
ın sectior	n 501(c) of the Code (other	r than section 501(c)(	3)) or in sect	ion 527?		Yes X	No
b If "Yes," c	complete the following sch	edule.					
	(a) Name of org	anization		(b) Type of organization	(c) Description of relation	nship	
	<u> </u>			<u> </u>			
					· · · · · · · · · · · · · · · · · · ·		
	/						
Undo							
	r penalties of perjury, I declare pelief, it is true, correct, and con				tatements, and to the best of my knowledge tion of which preparer has any knowledge	May the IRS discuss eturn with the prepa	this
Sign Here		7				ciditi with the prepa	T CI
	nature of officer or trustee						
	Print/Type preparer's na		Preparer's si	Date			
	Printy Type preparer S na	ille	Preparer S SI	gnature			
Paid	OUADI DO CO	DOMBESS	(harle	Alex			
Preparer	CHARLES ST		OD OMBE	DC C			
Use Only	Firm's name ► CHA	ית פקחע	ROMBE	RG, CI			
Joe Only		2 DIDGEDDO	מת שח	CIII			
	Firm's address ▶ 91	ARKS, MD 2		, 5017			
	SP SP	VIVO' III V	<u> </u>				

# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 .

**Schedule of Contributors** 

OMB No 1545-0047

Name of the organization

Employer identification number

I	KOCH FAMILY FOUNDATION INC	52-1859184
Organization type (chec		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundat	ion
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule See instructions
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a co	
Special Rules		
sections 509(a)( any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of t EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recein the receing that some standard standard standard standard standard some standard stand	
year, contributio is checked, ente purpose Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receipns exclusively for religious, charitable, etc., purposes, but no such contributions er here the total contributions that were received during the year for an exclusively complete any of the parts unless the <b>General Rule</b> applies to this organization beatile, etc., contributions totaling \$5,000 or more during the year	totaled more than \$1,000. If this box y religious, charitable, etc ,
out it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Sche on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ c et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

# KOCH FAMILY FOUNDATION INC

52-1859184

Part I	Contributors (See instructions) Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARY W. KOCH  2661 RIVA ROAD, SUITE 220  ANNAPOLIS, MD 21401	\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

# KOCH FAMILY FOUNDATION INC

52-1859184

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

Name of org	anization		Employ	er identification number		
KUCH F	AMILY FOUNDATION INC		E-	2-1859184		
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete of	butions to organizations described	in section 501(c)(7), (8), or (10) the	it total more than \$1,000 for		
	completing Part III, enter the total of exclusively religious.	, charitable, etc., contributions of \$1,000 or	less for the year (Enterthis info once) \$_			
(a) No.	Use duplicate copies of Part III if additiona	I space is needed				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held		
		(e) Transfer of gif	t			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor	to transferee		
				<del></del> _		
				···········		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held		
Part I						
		<del></del>		· · · · · · · · · · · · · · · · · · ·		
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor	to transferee		
			<del></del>			
(a) No.	412		7.5			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held		
-		/a) T				
	(e) Transfer of gift					
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor	to transferee		
(a) No	<del></del>		<u> </u>			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor	to transferee		
			The state of the s			
		<del></del>				
			<del></del>			

FORM 990-PF DIVIDENT	S AND INTER	EST FROM	SECUR	ITIES	STA	TEMENT	1
GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVE	NUE			(C) ADJUSTI NET INCO	
MERRILL LYNCH 1	L.	0.	1.		1.		1.
TO PART I, LINE 4		0.	1.		1.		1.
FORM 990-PF	ACCOUNTI	NG FEES			STA	TEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
ACCOUNTING FEES	850.		0.		0.		0.
TO FORM 990-PF, PG 1, LN 16B	850.		0.		0.		0.
FORM 990-PF	OTHER E	XPENSES			STA	TEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
BANK SERVICE FEES	4.		0.	<del></del>	0.	<del></del> -	0.
TO FORM 990-PF, PG 1, LN 23	4.		0.		0 · ====================================		0.
FORM 990-PF	OTHER INV	ESTMENTS			STA	TEMENT	4
DESCRIPTION		LUATION ETHOD	ВОО	K VALUE	FAI	R MARKE'	r
MERRILL LYNCH MONEY FUND	-	FMV		2,677.		2,6	77.
TOTAL TO FORM 990-PF, PART II	LINE 13			2,677.		2,6	77.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 5

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

GARY W. KOCH 2661 RIVA ROAD, SUITE 220 ANNAPOLIS, MD 21401

TELEPHONE NUMBER

410-573-5720

FORM AND CONTENT OF APPLICATIONS

LETTER

ANY SUBMISSION DEADLINES

ONGOING

RESTRICTIONS AND LIMITATIONS ON AWARDS

KOCH FAMILY FOUNDATION, INC. WILL LIMIT THE BENEFITS (I.E. FINANCIAL SUPPORT) IT PROVIDES TO THOSE ORGANIZATIONS DESCRIBED IN SECTION 509(A)(1),(2) AND (3) OF THE INTERNAL REVENUE CODE WHICH ARE ENGAGED IN CHARITABLE, SCIENTIFIC, LITERARY AND/OR EDUCATION ACTIVITIES.

# KOCH FAMILY FOUNDATION, INC. #52-1859184 2661 Riva Road, Suite 220 Annapolis, MD 21401 Schedule of Grants and Contributions Form 990PF - Part XV - Line 3(a) 12/31/16

Name and Address	Purpose of Grant or Contribution	Amount
Mt. St. Joseph High School 4403 Frederick Ave. Baltimore MD 21229-4199	Charitable Support	\$ 1,000.00
Lake Shore Volunteer Fire Dept 4498 Mountain Road Pasadena MD 21122	Charitable Support	\$ 100.00
BaltWash Medical Ctr. Foundation 300 Hospital Drive Ste. 231 Glen Burnie MD 21061	Charitable Support	\$ 1,000.00
Ronald McDonald House 635 E. Lexington Street Baltimore, MD 21203	Charitable Support	\$ 100.00
St. Jude's Children's Research Hospital P.O. Box 50 Memphis, TN 38101	Charitable Support	\$ 100.00
Maryland Special Olympics 8300 Guilford Road, Suite A Columbia, MD 21046	Charitable Support	\$ 100.00
Providence Center Foundation 370 Shore Acres Road Arnold, MD 21012	Charitable Support	\$ 500.00
Chatham Orpheum P.O. Box 17 Chatham MA 02633	Charitable Support	\$ 1,000.00
Alzhelmers Foundation of America 322 8th Ave. 7th Floor New York NY 10001	Charitable Support	\$ 250.00
	pg. 1 total	\$ 4,150.00

### KOCH FAMILY FOUNDATION, INC. #52-1859184 Form 990PF 12/31/16

Name and Address	Purpose of Grant or Contribution	Amount
Anne Arundel Medical Center 2001 Medical Pkwy Ste. 240 Annapolis, MD 21401	Charitable Support	\$ 1,000.00
Pan-Massachusetts Challenge Jimmy Fund 77 Fourth Avenue Needham, MA 02494	Charitable Support	\$ 200.00
Hospice of the Chesapeake 445 Defense Highway Annapolis, MD 21401	Charitable Support	\$ 1,100.00
American Heart Association 415 N. Charles Street Baltimore, MD 21203	Charitable Support	\$ 100.00
Maryland Therapeutic Riding P.O. Box 6477 Annapolis MD 21401	Charitable Support	\$ 1,000.00
Salvation Army 351 Hilltop Lane Annapolis, MD 21403	Charitable Support	\$ 100.00
Tabor Academy Marion MA 02738-1581	Charitable Support	\$ 2,000.00
The Benedictine School Foundation 14299 Benedictine Lane Ridgely, MD 21660	Charitable Support	\$ 100.00
Metro-MD Youth for Christ 8900 Belair Road Baltimore, MD 21236	Charitable Support	\$ 400.00
Pleasant Bay Community Boating P.O. Box 21 North Chatham MA 02650	Charitable Support	\$ 10,000.00
	pg 2 total	\$ 16,000.00

#### KOCH FAMILY FOUNDATION, INC #52-1859184 Form 990PF 12/31/16

Name and Address	Purpose of Grant or Contribution	<u>Amount</u>
Christmas in April 7915 Malcolm Road Clinton MD 20735	Charitable Support	\$ 500.00
Alzheimers Disease Research 22512 Gateway Center Drive Clarksburg MD 20871	Charitable Support	\$ 100.00
Arthritis Foundation 1137 Asquith Drive Arnold MD 21012	Charitable Support	\$ 500.00
American Cancer Society P.O. Box 42825 Baltimore, MD 21284	Charitable Support	\$ 100.00
100 Club of AACO PO Box 911 Pasadena MD 21123	Charitable Support	\$ 1,000.00
Take Back our Streets Inc P.O. Box 502 Linthicum MD 21090	Charitable Support	\$ 200.00
Habitat for Humanity of the Chesapeake 3741 Commerce Dr. Ste 309 Baltimore, MD 21227	Charitable Support	\$ 600.00
YMCA of AACO Y in Central MD 303 W. Chesapeake Ave Baltimore MD 21204	Charitable Support	\$ 1,000.00
180 Ministries 3333 S. Bannock St. Ste 700 Englewood CO 80110	Charitable Support	\$ 1,500.00
Arundel Lodge (Hope re-imagined) 2600 Solomons Island Road Edgewater MD 21037	Charitable Support	\$ 10,000.00
	pg 3 total	\$ 15,500.00

# KOCH FAMILY FOUNDATION, INC. #52-1859184 Form 990PF 12/31/16

Name and Address	Purpose of Grant or Contribution	<u>A</u>	mount
Severna Park Community Center Severna Park MD 21146	Charitable Support	\$	250.00
Bello Machre 7765 Freetown Rd Glen Burnie MD 21060	Charitable Support	\$	100.00
Hancock's Resolution Foundation Inc 8328 Schmidt's Lane Pasadena MD 21122	Charitable Support	\$	100.00
Severn School 201 Water Street Severna Park MD 21146	Charitable Support	\$	3,500.00
Michael J Fox Foundation Church Street Station PO Box 780 New York NY 10008	Charitable Support	\$	500.00
OBI 8855 Veterans Highway Millersville MD 21108	Charitable Support	\$	250.00
University of Michigan 3003 South State St, Room 8070 Ann Arbor MI 48109-1288	Charitable Support	\$	200.00
	pg. 4 total	\$	4,900.00

### KOCH FAMILY FOUNDATION INC #52-1859184 Form 990PF 12/31/16

Name and Address	Purpose of Grant or <u>Contribution</u>	<u>Amount</u>
AACC Foundation 101 College Parkway Arnold MD 21012	Charitable Support	\$ 1,000.00
Riva Volunteer Fire Department Riva MD 21401	Charitable Support	\$ 100.00
		\$ 1,100.00
	Total Contributions pages 1,2,3,4 and 5	\$ 41,650.00