

Form **990-PF** 

Department of the Treasury Internal Revenue Service

#### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2017
Deen to Public Inspection

For cale	ndar year 2017 or tax year beginning		, and ending		
Name o	of foundation			A Employer identificati	on number
	H FAMILY FOUNDATION INC			52-185918	4
	and street (or P O box number if mail is not delivered to stree	t address)	Room/suite 2 2 0	B Telephone number	
	1 RIVA ROAD	410-573-5	720		
•	town, state or province, country, and ZIP or foreign p	postal code		C If exemption application is	s pending, check here
	APOLIS, MD 21401		<del></del>	<u> </u> <del> </del>	. $\Box$
G Chec	k all that apply: Initial return		ormer public charity	D 1. Foreign organization	ns, check here
	Final return	Amended return		Foreign organizations in check here and attach	meeting the 85% test,
	Address change	Name change		check here and attach	computation
	k type of organization: X Section 501(c)(3) e		<i>0</i> 0	E If private foundation s	
		Other taxable private founda		under section 507(b)(	, , , ,
	·   —	ing method: LX Cash	Accrual	F If the foundation is in	
•		ther (specify)	٥.\	under section 507(b)(	1)(B), check here
<b>▶</b> \$	37333	mn (d) must be on cash basi			(d) p
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
7 1	Contributions, gifts, grants, etc., received	35,000.		N/A	
$ \nu _2$	Check In the foundation is not required to attach Sch. B				
) <b>U</b>   3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities	4.	4.		STATEMENT 1
5	a Gross rents				
	Net rental income or (loss)				
Revenue  8 9 100	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
) S 2	assets on line 6a Capital gain net income (from Part IV, line 2)		0.		
	Net short-term capital gain				<del></del>
	Income modifications			· <del>-</del>	- <del></del>
10:	Gross sales less returns and allowances				
	D Less Cost of goods sold				
_	Gross profit or (loss)				<del>_</del> -
a 11					
12	Total. Add lines 1 through 11	35,004.	4.		
13	Compensation of officers, directors, trustees, etc	0.	0.		0.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
9 16:	a Legal fees				
ا   <del>ق</del> ا	Accounting fees STMT 2	850.	0.		0.
<b>□</b> .	Other professional fees				
	Interest				
— <u>`</u> Ę́ <u></u> 18.					
텔레	Depreciation and degletion				
o	Occupancy GAO				
SIR M	Ayravel, conferences, and meetings				
20 21 22 22 22 22 22 22 22 22 22 22 22 22	Printing and publications				
20.23	STMT 3	226.	0.	<u> </u>	0.
	Total operating and administrative				
Operatii	expenses. Add lines 13 through 23	1,076.	0.		0.
Ō <sub>25</sub>	Contributions, gifts, grants paid	30,750.			30,750.
26	Total expenses and disbursements.				
	Add lines 24 and 25	31,826.	0.		30,750.
27	Subtract line 26 from line 12:				
ı	Excess of revenue over expenses and disbursements	3,178.			
	Net investment income (if negative, enter -0-)		4.		
1	Adjusted net income (if negative, enter -0-)			N/A	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

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_		0-PF (2017) KOCH FAMILY FOUNDATION			1859184 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			
	,	Savings and temporary cash investments			
	ŀ	Accounts receivable			
	"		-{		
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable	-{		
	1	Less: allowance for doubtful accounts			<del></del>
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts	7		
m	8	Inventories for sale or use	1 -		
Assets	١				<del>-</del>
Ass	9	Prepaid expenses and deferred charges			
•	I	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis	]		
	ŀ	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 4	2,677.	5,855.	5,855.
		Land, buildings, and equipment; basis ►			
	'	Less accumulated depreciation	1		
	4.5				
	I	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	0 677	5 055	F 0FF
		instructions. Also, see page 1, item I)	2,677.	5,855.	<u>5,855.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
ڌ	I	Other liabilities (describe >			
		,			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
—	20		<del>                                     </del>		
		Touristations that follow of the TTT, oncok note			
Ś	١	and complete lines 24 through 26, and lines 30 and 31.			
ည	24	Unrestricted	ļ		
<u>a</u>	25	Temporarily restricted			
ĕ	26	Permanently restricted			
P P		Foundations that do not follow SFAS 117, check here			
Ψ̈́		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ë	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	2,677.	5,855.	
et/	l	Total net assets or fund balances	2,677.	5,855.	
Ž	30	Total net assets of fund balances	2,077.	3,033.	
	١		2 677	E 0EE	
	31	Total liabilities and net assets/fund balances	2,677.	5,855.	
P	art	III Analysis of Changes in Net Assets or Fund E	Balances		
		net assets or fund balances at beginning of year - Part II, column (a), line	30	·	
'			, 00		2 677
_	•	at agree with end-of-year figure reported on prior year's return)		1	2,677. 3,178.
		amount from Part I, line 27a		2	
		r increases not included in line 2 (itemize)		3	5 055
		ines 1, 2, and 3		4	5,855.
		eases not included in line 2 (itemize)			0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	5,855.
					Form <b>990-PF</b> (2017)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

8 Enter qualifying distributions from Part XII, line 4

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281,512.

30,750.

7

See the Part VI instructions.

Add lines 5 and 6

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1a	Exempt operating foundations described in section 4940(d)(2), check here  and en	ter "N/A"	on line 1.							
	Date of ruling or determination letter:	essary-s	ee instruction	s)						
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	$\overline{}$		· •	L	1				0.
	of Part I, line 27b				ſ					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Part	I, line 12, col.	(b). J						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; oth	ers, ent	er -0-)		L	2				0.
3	Add lines 1 and 2				Ĺ	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; ot	hers, en	ter -0-)		L	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				L	5		_		<u>0.</u>
6	Credits/Payments:									
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a			).					
b	Exempt foreign organizations - tax withheld at source	6b			).					
C	Tax paid with application for extension of time to file (Form 8868)	6c			).					
đ	Backup withholding erroneously withheld	6d		(	).					
7	Total credits and payments. Add lines 6a through 6d					7				0.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here 🔲 if Form 2220 is attac	hed				8				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			•	▶ [	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			•	▶ [	10				
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax			Refunded <b>•</b>	▶ [	11				
	t VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or	did it participa	te or interve	ene i	n			Yes	No
	any political campaign?							1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposi	es? See	the instruction	ns for the de	efınıt	ion		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of									
	distributed by the foundation in connection with the activities.	,								
	Did the foundation file Form 1120-POL for this year?							1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear:								-
	(1) On the foundation. > \$ 0. (2) On foundation managers.			C	).					
	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	_								
	managers. ► \$ 0.									
	Has the foundation engaged in any activities that have not previously been reported to the IR	S?						2	1	X
	If "Yes," attach a detailed description of the activities.	•								
	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strumer	nt, articles of i	ncorporatio	n. or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		, u		,			3		<u> </u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	?						4a		X
	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	•				N/	<b>—</b>	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					,	-	5		X
	If "Yes," attach the statement required by General Instruction T									
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	her•								
	<ul> <li>By language in the governing instrument, or</li> </ul>	101.								
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory</li> </ul>	diractio	ne that conflic	t with the ci	tata	2111				
	remain in the governing instrument?	uncono	nis that comme	t with the 3	iaic i	avv		6	х	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," compli	oto Dort	II and (a) and	l Dort VI				7	X	
′	Did the foundation have at least \$5,000 in assets at any time outling the year in ites, compli	cic raii	n, coi. (c), and	I Fail AV			-	<del>-</del>		
٥.	Falsa the etates to which the foundation reports or with which it is registered. Con instruction									
ва	Enter the states to which the foundation reports or with which it is registered. See instruction	s. – _	<del></del>				<del></del>			
	MD  (6 the angular is "Vest" to line 7, her the foundation furnished a copy of Form 900 PE to the Atl	orne: 0	oporol (or do-	ianata)						
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	orney G	icheral (OF des	igilate)				.	x	
	of each state as required by General Instruction G? If "No," attach explanation	tion 40.4	(0/3/0) == 40.4	0/\\/E\ <del>*</del> :	- ماه	dor	H	8b	Λ	——·
	'ASS IN MINISTER ANT NINTERNATION DATESTAN BELIEVE E SE SELECE MANAGER NATURAL MALE PARTIES DATESTANDE PARTIES		12(1)(3) OF 494	∠(I)(3) IOf 0	aien	uai	I	- 1		
	Is the foundation claiming status as a private operating foundation within the meaning of sec			,,,,,			- 1	, 1	I	•
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," comp Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	lete Par	t XIV					9		X

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X

3b

4a

N/A

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

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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

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Part VII-B   Statements Regarding Activities for Which I	form 4720 May Be I	Required (contin	ued)		<del></del>
5a During the year, did the foundation pay or incur any amount to:			_	Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	· · · ·		es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir				
any voter registration drive?	_		es X No	Ì	1
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	<b>—</b>			
4945(d)(4)(A)? See instructions			es X No		•
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		es X No	]	Ì
the prevention of cruelty to children or animals?	dan 46 a		es Las No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	NT / A	5 <b>b</b>	
section 53.4945 or in a current notice regarding disaster assistance? See instri			N/A	טכ	├─
Organizations relying on a current notice regarding disaster assistance, check to		mad			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					Ì
expenditure responsibility for the grant?	T,	I/A L Y	es L No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				ĺ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No		
a personal benefit contract?	arganal hannels against	Y	1	5b	x
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonar denem contract?		<del> -</del>	טט	<del> </del> ▲
If "Yes" to 6b, file Form 8870.	holter transaction?	v.	es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s b <u>If "Yes," did the foundation receive any proceeds or have any net income attribu</u>		T	·	7b	$\vdash$
Part VIII Information About Officers, Directors, Trusto		nagers Highly			<del></del>
Paid Employees, and Contractors	cos, i odiladion ivic	magers, riigin	•		
1 List all officers, directors, trustees, and foundation managers and t	neir compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account allowa	
GARY W. KOCH	PRESIDENT/TRE	<del></del>			
2661 RIVA ROAD, SUITE 220					
ANNAPOLIS, MD 21401	0.00	0.	0.		0.
		1			
		1			
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	(e) Exp account,	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					
					_
	-				
Total number of other employees paid over \$50,000					0
<del></del>	······		Form	990-PF	(2017)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	<del> </del>
	· · · · · ·	
	·	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	information such as the	Expenses
1 N/A	-	<del></del>
1 N/A		
2		
3		
<del></del>		
4		
	* ***	
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	s 1 and 2.	Amount
1 N/A		
		<del></del>
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		
sount too moot talloogilo.		Form <b>990-PF</b> (2017)

<u>52-1859184</u>

Part X . Minimum Investment Return (All domestic foundations must complete this part	. Foreign foundations, see	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	<u>1</u> a	<u>5,855</u> .
b Average of monthly cash balances	1b	
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	5,855.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	5,855.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	88.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,767.
6 Minimum investment return. Enter 5% of line 5	6	288.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foreign organizations, check here  and do not complete this part.)	foundations and certain	
1 Minimum investment return from Part X, line 6	1	288.
2a Tax on investment income for 2017 from Part VI, line 5		
b Income tax for 2017. (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	288.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	288.
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	288.
Part 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	30,750.
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:		
a 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	30,750.
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	30,750.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	ne foundation qualifies for the	section

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4940(e) reduction of tax in those years.

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	33.933	, , , , , , , , , , , , , , , , , , , ,		
line 7				288.
2 Undistributed income, if any, as of the end of 2017			^	
a Enter amount for 2016 only			0.	
<b>b</b> Total for prior years:		^		
3 Excess distributions carryover, if any, to 2017:		0.		
a From 2012 30,969.				
<b>b</b> From 2013 33,056.				
c From 2014 17, 247.				
d From 2015 39, 406.				
e From 2016 41,518.				
	162 106			
f Total of lines 3a through e	162,196.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 30,750.			0.	
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior		<u> </u>		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			288.
d Applied to 2017 distributable amount	20 460			288.
e Remaining amount distributed out of corpus	30,462.			0
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	192,658.			
<b>b</b> Prior years' undistributed income. Subtract				
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.		
		<u> </u>		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions  e Undistributed income for 2016. Subtract line		0.		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				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 2012				
not applied on line 5 or line 7	30,969.			
	30,303.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	161,689.			
_	101,009.			<del> </del>
10 Analysis of line 9: a Excess from 2013 33,056.		]		
b Excess from 2014 33, 036.				
<u>e Excess from 2017</u> 30,462.				Form <b>990-PF</b> (2017)

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Part XIV Private Operating F	oundations (see in	structions and Part VII	-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 2017, enter the date of t	the ruling	<b>▶</b>		
<b>b</b> Check box to indicate whether the found	dation is a private operatii	ng foundation described i	n section	4942(j)(3) or	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		/
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					<u> </u>
<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			/	1	
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			/		<u> </u>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return 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)					
(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	had \$5,000 or m	nore in assets
at any time during t	he year-see instr	ructions.)			
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 the	foundation before the cl	ose of any tax
GARY W. KOCH	40,000,000				
b List any managers of the foundation who ther entity) of which the foundation ha			or an equally large porti	on of the ownership of a	partnership or
	s a 10 % of greater interes	ol.			
NONE		Ostadaustia sta Du			
2 Information Regarding Contribution Check here  □ if the foundation of the foundation makes gifts, grants, etc.,	nly makes contributions t	to preselected charitable	organizations and does r		juests for funds. If
a The name, address, and telephone num	-				
сте статриент Е					
SEE STATEMENT 5  b The form in which applications should be	a submitted and informat	non and materials they sh	ionly include.	<del></del>	
The form in which applications should be	e submitted and informat		ould illelade.		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	il areas, charitable fields,	kınds of institutions, or o	other factors:	
				<del></del>	Form QQQ-PF (2017)

3 Grant's and Contributions Paid During the Y	ear or Approved for Future F	Payment	<del>,</del>	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or outside the control of the contro	i-		
5 j				
SEE ATTACHED				
ATTACHED				30,750
		:		
· · · · · · · · · · · · · · · · · · ·				
Total	1		<b>▶</b> 3a	30,750
b Approved for future payment				
NONE				
				<del> </del>
Total			▶ 3b	

Form **990-PF** (2017)

Part XVI-A	Analys	is of Inc	ome-Prod	ducina A	ctivities
1 41 ( ) ( ) [	Allaiyo		••••••••••••••••••••••••••••••••••••••	2uvg /	

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(0)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	- (e) Related or exempt function income
a	code	· -· -	1		
b			<b>†</b> – –		
c					
d					
e			<u> </u>		
f	.			<u>-</u>	
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments		· ··-			
3 Interest on savings and temporary cash					
Investments			14	4.	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate:			1.4	<u> </u>	
a Debt-financed property	<del> </del>				
b Not debt-financed property		·			
6 Net rental income or (loss) from personal	<del>  -</del>				
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other		-	<b> </b>		
than inventory					
9 Net income or (loss) from special events			1		
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
d					
	l I		ļ	4	
e	- }	^		4.	
		0.	<b>,</b>		
3 Total. Add line 12, columns (b), (d), and (e)		0.			4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities		mplishment of E	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.
Line No. Explain below how each activity for which inc	ome is reported in	mplishment of Excolumn (e) of Part XVI-A	xemp	13 _ t Purposes	4.

Part XVII	Information Re				ions an	nd Relations		charitable		iye io
1 Did the d	Exempt Organ organization directly or indi		of the follow	ng with any other o	rnanization	n described in sec	tion 501(c)		Yes	No
	ian section 501(c)(3) organ					ii described iii see				
	s from the reporting found									
(1) Cas	h							1a(1)		X
(2) Oth	er assets							1a(2)		X
	insactions:									
	es of assets to a noncharita							1b(1)		X
	chases of assets from a no	•	organization					1b(2)		X
	tal of facilities, equipment, nbursement arrangements							1b(3)		X
	ns or loan guarantees	•						1b(4)		X
	formance of services or me	embership or fundra	usina solicitati	ons				1b(5) 1b(6)		X
	of facilities, equipment, ma							1c	-	X
	swer to any of the above is				hould alwa	ays show the fair	market value of the go		sets,	
	es given by the reporting f									
	d) the value of the goods,									
(a) Line no	(b) Amount involved	(c) Name o		le exempt organizati	on	(d) Description	n of transfers, transaction	is, and sharing ar	rangeme	nts
		1	N/A			<del>                                     </del>				
						1	· · · · ·			
					-					
	-	·	<u> </u>					<u> </u>		
						ļ				
						-				
-		,	<del></del> .	<del></del>		-	·····			
-										
			_							
	. —				<del></del>	-				
2a Is the fou	indation directly or indirect	tly affiliated with, or	related to, one	e or more tax-exemp	t organiza	ations described				
ın sectior	n 501(c) (other than section	n 501(c)(3)) or ın se	ection 527?					Yes	X	] No
<b>b</b> If "Yes," o	complete the following sche									
	(a) Name of org	anization		(b) Type of organ	ization		(c) Description of rela	ationship		
	N/A							· · · · · · · · · · · · · · · · · · ·		
				-						
				·· -						
1	r penalties of perjury, I declare t	that I have examined the	ıs return, ıncludir	ng accompanying sche	dules and st	atements, and to the	best of my knowledge	May the IRS o	liscuss ti	nis
Oigii   L	elief, it is true, correct, and com	npiete Declaration of pr	eparer (other tha	ه. ا		tion of which prepare	r has any knowledge	return with the shown below:	prepare	er i
Here				5 3	18	PRESI	DENT	X Yes		No
Sig	nature of officer or trustee		[ D	Date		Title	Oheat Carl			
	Print/Type preparer's na	me	Preparer's s	u //	CP4   [	Date		PTIN		
Paid	CHADIES SE	DOMPEDO	Mark	4 / Steam	h	14/24/10	self- employed	D00042	400	
Preparer	CHARLES ST			7	LLC	4/24/18	Fırm's EIN ▶ 26	P00043		
Use Only		THE D	TROMBE	MG, CFA,	יייי		I IIIII S EIN P 20	-10024	44	
·	Firm's address ▶ 91	3 RIDGEBR	OOK RD	, SUITE	108			<del></del>		
		ARKS, MD					Phone no. 443	.212.1	168	
								Form <b>990</b>		2017)

#### Schedule B (Form 990, 990-EZ.

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Employer identification number** Name of the organization KOCH FAMILY FOUNDATION INC 52-1859184 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet 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) (2017)

Employer identification number

KOCH I	FAMILY	FOUNDA	MOIT	INC
--------	--------	--------	------	-----

52-1859184

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	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	\$\$\$	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
		\$	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 Oncash (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.)

Name of organization

Employer identification number

# KOCH FAMILY FOUNDATION INC

52-1859184

Part II	Noncash 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 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
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

	(Form 990, 990-EZ, or 990-PF) (2017)		
lame of orga			Employer identification number
COCH F	AMILY FOUNDATION INC		52-1859184
Part III	the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious,	lumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000
(a) No.	Use duplicate copies of Part III if additional		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of eith	
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	t
-	Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Ful pose of grit	(c) ose of gift	(u) Description of now gift is field
		(e) Transfer of gift	t
	Transferee's name, address, and	_	Relationship of transferor to transferee
	Transferee's name, address, and	_	

FORM 990-PF DIVIDEN	DS AND INTER	EST FROM	SECUR	ITIES	STATEMENT	1
GROSS SOURCE AMOUNT	CAPITAL GAINS DIVIDEND	REVI	A) ENUE BOOKS	(B) NET INVES MENT INCO	T- ADJUST	
MERRILL LYNCH	4.	0.	4.	<u> </u>	4.	
TO PART I, LINE 4	4.	0.	4.		4.	
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS		EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	850.		0.			0.
TO FORM 990-PF, PG 1, LN 16B	850.		0.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS		EST-	(C) ADJUSTED NET INCOM	(D) CHARITA E PURPOS	
BANK SERVICE FEES	226.		0.			0.
TO FORM 990-PF, PG 1, LN 23	226.		0.			0.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	4
DESCRIPTION		LUATION ETHOD	B00	K VALUE	FAIR MARKE VALUE	T
MERRILL LYNCH MONEY FUND		FMV	•	5,855.	5,8	55.
TOTAL TO FORM 990-PF, PART I	I, LINE 13			5,855.	5,8	55.

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) 12/31/17

Name and Address	Purpose of Grant or Contribution	<u>Amount</u>
Cape Cod Village P.O. Box 2129 Orleans MA 02653	Charitable Support	\$ 500.00
Lake Shore Volunteer Fire Dept 4498 Mountain Road Pasadena MD 21122	Charitable Support	\$ 200.00
Marine Corp 5K 3399 Russell Road Quantico VA 22134	Charitable Support	\$ 500.00
Ronald McDonald House 635 E. Lexington Street Baltimore, MD 21203	Charitable Support	\$ 200.00
St. Jude's Children's Research Hospital P.O. Box 50 Memphis, TN 38101	Charitable Support	\$ 200.00
Maryland Special Olympics 8300 Guilford Road, Suite A Columbia, MD 21046	Charitable Support	\$ 200.00
Providence Center Foundation 370 Shore Acres Road Arnold, MD 21012	Charitable Support	\$ 1;000.00
AACO Excellence in Education 49 Old Solomons Island Road Annapolis MD 21404	Charitable Support	\$ 1,000.00
Alzheimers Foundation of America 322.8th Ave. 7th Floor New York NY 10001	Charitable Support	\$ 200.00
	pg. 1 total	\$ 4,000.00

#### KOCH FAMILY FOUNDATION, INC. #52-1859184 Form 990PF 12/31/17

Name and Address	Purpose of Grant or <u>Contribution</u>	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	\$ 1,300.00
American Heart Association 415 N. Charles Street Baltimore, MD 21203	Charitable Support	\$ 200.00
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	\$ 200.00
Chesapeake Athletic Boosters Chesapeake High School Pasadena MD 21122	Charitable Support	\$ 300.00
The Benedictine School Foundation 14299 Benedictine Lane Ridgely, MD 21660	Charitable Support	\$ 200.00
Metro-MD Youth for Christ 8900 Belair Road Baltimore, MD 21236	Charitable Support	\$ 1,000.00
Muscular Dystrophy Foundation 8626 Brooks Drive Ste 305 Easton MD 21601	Charitable Support	\$ 1,000.00
	pg 2 total	\$ 6,400.00

#### KOCH FAMILY FOUNDATION, INC #52-1859184 Form 990PF 12/31/17

Name and Address	Purpose of Grant or <u>Contribution</u>	Amount
Christmas in April 7915 Malcolm Road Clinton MD 20735	Charitable Support	\$ 500.00
Rotary Club of Chatham P.O. Box 436 Chatham MA 02633	Charitable Support	\$ 100.00
Chatham Fire Association P.O. Box 751 Chatham MA 02633	Charitable Support	\$ 100.00
American Cancer Society P.O. Box 42825 Baltimore, MD 21284	Charitable Support	\$ 200.00
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	\$ 200.00
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	\$ 500.00
Årundel Lodge (Hope re-imagined) 2600 Solomons Island Road Edgewater MD 21037	Charitable Support	\$ 10,000.00
	pg 3 total	\$ 13,800.00

## KOCH FAMILY FOUNDATION, INC. #52-1859184 Form 990PF 12/31/17

Name and Address	Purpose of Grant or Contribution	Ž	Amount
Severna Park Community Center Severna Park MD 21146	Charitable Support	\$	500.00
Bello Machre 7765 Freetown Rd Glen Burnie MD 21060	Charitable Support	\$	400.00
21st Century Education Foundation 2644 Riva Road Annapolis MD 21401	Charitable Support	\$	200.00
Severn School 201 Water Street Severna Park MD 21146	Charitable Support	\$	2,500.00
Boys & Girls Club AACO P.O. Box 6087 Annapolis MD 21401	Charitable Support	\$	200.00
UVA College Fund P.O. Box 400314 Charlottesvillle VA 22904	Charitable Support	\$	250.00
University of Michigan 3003 South State St, Room 8070 Ann Arbor MI 48109-1288	Charitable Support	\$	200.00
Kent Island VFD 1610 Main Street Chester MD 21619	Charitable Support	\$	200.00
Choster MD 2 1019	pg. 4 total	\$	4,450.00

#### KOCH FAMILY FOUNDATION INC #52-1859184 Form 990PF 12/31/17

Name and Address	Purpose of Grant or <u>Contribution</u>		<u>Amount</u>
AACC Foundation 101 College Parkway Arnold MD 21012	Charitable Support	<b>\$</b>	1,000.00
Riva Volunteer Fire Department Riva MD 21401	Charitable Support	\$	100.00
St. Christopher By The Sea P.O. Box 36 Gibson Island MD 21056	Charitable Support	\$	200.00
Mt. Vernon Place Conservancy P.O. Box 2394 Baltimore MD 21203	Charitable Support	\$	250.00
West Annapolis VFD 121 Jennifer Road Annapolis MD 21401	Charitable Support	\$	100.00
Peter J. Golueke Foundation 440 East Clement Street Baltimore MD 21230	Charitable Support	\$	250.00
US Lacrosse Foundation 2 Loveton Circle Sparks MD 21152	Charitable Support	\$	200.00
		\$	2,100.00
	Total Contributions pages 1,2,3,4 and 5	\$	30,750.00