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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ► The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2009 calendar year, or tax year beginning and ending Check if applicable D Employer Identification number C Name of organization Please use IRS Address change Name Change 43-1885542 THE RONALD COASE INSTITUTE print or type]initial retum Number and street (or P.O box, if mail is not delivered to street address) E Telephone number Room/suite Termin-ated ALEXANDRA L BENHAM 6346 WATERMAN AVE 301. 656-9694 Instruc-Amendex return City or town, state or country, and ZIP + 4 F Group Exemption tions Application pending LOUIS, MO 63130-4707 Number > G Accounting method: X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► WWW.COASE.ORG H Check ► L if the organization is not Tax-exempt status (check only one) $-\overline{X}$ 501(c) (3) \blacktriangleleft (insert no) [4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 🔟 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 122,984. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 105,697. Contributions, gifts, grants, and similar amounts received 1 1 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 9,616. 4 Investment income 4 5a 5a Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 50 Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) ба 6b b Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6с Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 122,984. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10,000 STMT 3 10 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members RECEIVED 11 Professional fees and other payments to independent 12 12 2,807.13 13 SEE 265. 1 8 2010 STATEMENT 2 14 14 211. 15 15 Printing, publications, postage, and shipping Ó $1\overline{38,783}$ SEE STATEMENT 16 16 Other expenses (describe 152,066. 17 Total expenses. Add lines 10 through 16 17 -29,082.Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 462,943. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (attach explanation) 433,861. Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 462,199. 433,369. 22 22 Cash, savings, and investments 23 23 Land and buildings Other assets (describe > OTHER DEPRECIABLE ASSETS 492. 744 24 24 462,943. 861. 25 25 Total assets 0. 0. 26 26 Total liabilities (describe ,943. 433,861. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 932171 02-08-10 Form 990-EZ (2009) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	162	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	Х	<u> </u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			1
	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
b	27/2			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ► 0 • , section 4912 ► 0 • ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			1
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the			
	organization • O .			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► MARY M SHIRLEY Telephone no ► 301. 6	56-	969	4
		081		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		ightharpoons	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		X
				(2009

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		organizations and section 4947(a)(1) nonexempt charitab and 51.	le trusts must answer question	ns 46-49b and con	nplete the tables	for lines	50
office? If Yes,* complete Schedule C, Part II 17 Did the organization aschaol as described in section 170(b)(1)(A)(ii)* If Yes,* complete Schedule E 18 Is the organization a school as described in section 170(b)(1)(A)(ii)* If Yes,* complete Schedule E 19 Uf the organization as the related organization as section 52 organization? 19 Uf Yes,* was the related organization as extone 52 organization? 10 If Yes,* was the related organization as extone 52 organization? 10 Occupiete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received m than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Compensation (e) Compensation (f) Compensation (h) Title and average hours per week devoted to position (e) Compensation (f) Total number of other employees paid over \$100,000 (e) Expensionable than \$100,000 of compensation from the organization if there is none, enter 'None' NONE (a) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Compensation (e) Compensation (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 (e) Type of service (f) Compensation (g) Compensation in the received more than \$100,000 or the best of my isonewholes and ballet, it is tow, organization if which preparer has any invented part invented part in the part in the part in the organization of planety this reflection is bead on all information of which preparer has any invented part in the p	46 Did th	ne organization engage in direct or indirect political campaign activitie	es on behalf of or in opposition to o	candidates for public		Yes	No
the organization as school as described in section 170(h(1)(A)(n)* If Yes, "complete Schedule E 48 49a Did the organization make any transfers to an exempt non-chantable related organization? 50 If Yes, "was the related organization is section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received m than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (b) Title and average hours be benefit plans & oderered compensation (c) Compensation (d) Contributions to employee benefit plans & oderered compensation (d) Contributions to employee benefit plans & oderered compensation (d) Compensation (d) Contributions (d) Expense per week devoted to position (d) Compensation (d)			• •				X
49a Dit the organization make any transfers to an exempt non-charitable related organization? 5 If Yes, was the related organization a section 527 organization? 6 Complete this table for the organization if there is none, enter None. (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. (a) Name and address of each employee paid more than \$100,000 of compensation. (b) Title and average hours per week devoted to position. (c) Compensation (d) Contributions to employee benefit plans & other allows of eletered compensation. (d) Contributions to employee benefit plans & other allows of eletered compensation. (a) Name and address of each employees paid over \$100,000. 1 Total number of other employees paid over \$100,000. 1 Total number of other employees paid over \$100,000. 1 Total number of other employees paid over \$100,000. (a) Name and address of each independent contractor paid more than \$100,000. (b) Type of service. (c) Compensation from the organization if there is none, enter None. (a) Name and address of each independent contractor paid more than \$100,000. (b) Type of service. (c) Compensation from the organization of other independent contractors each receiving over \$100,000. (c) Total number of other independent contractors each receiving over \$100,000. (d) Total number of other independent contractors each receiving over \$100,000. (e) Type of service. (f) Compensation from the overall expensive of other independent contractors each receiving over \$100,000. (g) Type of service. (h) Type of service. (g) Compensation from the overall expensive that the expensive of penyly, I declare that I have examined this minum, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, overall expensive of penyly, I declare that I have examined this minum, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, overall expensive to fine the pensive of penyl			s," complete Schedule C, Part II				
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization is two highest compensated employees (other than officers, directors, trustees and key employees) who each received m than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation. If there is none, enter "None" Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Contributions to employee benefit plans & deferred compensation from the organization. If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Compensation from the organization of the best of my knowledge and belief, it is tive, organization of organization of which preparer has any knowledge. Under pensation of penyly, I declare that I have examined this return, including accompanying schedulers and statements, and to the best of my knowledge and belief, it is tive, organization of organization of organization of which preparer has any knowledge.						48	Х
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received m than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation (e) Expension of the employees paid over \$100,000 Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 (a) Name and address of each highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Contributions to employee benefit plans & deferred compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Expension or the properties of the properties of the paid of the properties and statements, and to the best of my knowledge and belief, it is true, or the properties of person, it decises that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, or the properties of person, it decises that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, or the properties of person, it decises that it have examined this information of which properties are statements, and to the best of my knowledge and belief, it is true, or the properties of person, it decises that it have examined this information of which properties are statements, and to the best of my knowledge and belief, it is true, or the properties of person, it decises that it is			ed organization?	•	<u> </u>		X
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(a) Name and address of each employee paid more than \$100,000 NONE Total number of other employees paid over \$100,000 Total number o				s, trustees and key er	nployees) who ead	h received	more
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Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer/(buter than officer) is based on all information of which preparer has any knowledge.							
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 1	51 Comp	olete this table for the organization's five highest compensated indepensation. If there is none, enter "None" NONE					
Under penalties of penury, I deciare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 1							
Sign Here Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 11/19/2.010 Date Da	d Total	number of other independent contractors each receiving over \$100,0	000	>		<u>.</u>	
INAKY INI OHIKLBY PINESIDENI		correct, and complete Declaration of preparer (other than officer) is based on a superior of officer. Signature of officer	all information of which preparer has any	nts, and to the best of my knowledge	knowledge and belie	f, it is true,	<u> </u>
Paid Preparer's signature Date Check if self- Preparer's Identifying number (See instr.)	Pald	Type or print name and title		ack if salf-			
Preparer's Use Only U	Preparer's	mue premer e cours	11/09/10 em	ployed		noer (See ins	ur)
if self-employed), ≥2015 HUNTWOOD DRIVE SUITE 210 Phone ►		if self-employed), 2015 HUNTWOOD DRIVE S		Phon	e >	1 000	
May the IRS discuss this return with the preparer shown above? See instructions X Yes	May the ID	GAIDKIDDO, NO 21034					No.

SCHEDULE'A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

THE RONALD COASE INSTITUTE

Employer identification number

<u></u>	· · · · · · · · · · · · · · · · · · ·		ALD COASE IN						43	-1002	<u> </u>	
Part I	*		ity Status (All organiz				-	ructions.				
The organ	nization is not a	a private foundation	because it is: (For lines 1	I through 1	1, check o	only one b	ox.)					
1 🔲	A church, co	nvention of churche	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)					
2 🛄	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospi	ital service organization o	described i	n section	170(b)(1)((A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital descr	ibed ın se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital'	's nam	e,
	city, and stat	e:										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental uni	t describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗀	A federal, sta	ite, or local governm	ent or governmental unit	t described	ın sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	rıbed ır	ı
	section 170((b)(1)(A)(vi). (Comple	ete Part II.)									
8 🔲	A community	trust described in s	section 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 🔲	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	nembershi	p fees, an	d gross red	ceipts f	rom
	activities rela	ited to its exempt fu	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	investr	ment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	fter June 3	0, 197	5.
	See section	509(a)(2). (Complete	e Part III.)									
10 🔲	An organizati	ion organized and o	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	l).				
11 🔲	-		perated exclusively for th									or
			ations described in section				2). See se c	tion 509(a)(3). Che	ck the box	that	
	describes the	e type of supporti <u>ng</u>	organization and comple	ete lines 1°	1e through	11h.			_			
-	a Type !		,,,		e III - Func	•	-			Type III - C		
e 🔛			at the organization is not									n
			than one or more publicly						9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check t							_			
g			organization accepted ar								<u> </u>	
		·	directly controls, either al	lone or tog	ether with	persons c	described (ın (ii) and ((III) below,		Yes	No
	-	- •	upported organization?							11g(i)		
		•	n described in (i) above?							11g(ii)	\vdash	
			a person described in (i) o							11g(iii)	<u> </u>	
ħ	Provide the f	following information	about the supported or	ganization	(s).							
		1	(III) Type of	kin in the a		(u) Did vo	. notify the	(vi) Is	the			
	e of supported	(ii) EIN	organization		irganization sted in your			organizati	on in col.	(vii) An		t
orę	ganization	ł	(described on lines 1-9	, , ,	document?		r support?	(I) organiz U S	red in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
<u> </u>			(000	103	1.00	100		1.00				
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Total												

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 (d) 2008 1 Gifts, grants, contributions, and membership fees received. (Do not 396,439. 115,139. 202,279. 105,697. include any "unusual grants.") 59,970. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 396,439. 115,139. 202,279. 105,697. 59,970. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 583,572. column (f) 295,952. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in) (d) 2008 **(b)** 2006 (c) 2007 (e) 2009 (f) Total 879,524. 202,279. 59,970. 396,439. 115,139. 105,697. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 19,900. 15,220. 9,616. 54,312. 709. 8,867. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 933,836. 11 Total support. Add lines 7 through 10 27,511. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 31.69 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 29.3415 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box ightharpoonsand stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization ightharpoons Xmeets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					i	
3 Gross receipts from activities that			İ			
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to			i			
or expended on its behalf		-				
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)▶∟	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975			•			
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2009 (lir			column (f))		15	
16 Public support percentage from 2008	Schedule A, Part	III, line 15			16	
Section D. Computation of Inves		•				
17 Investment income percentage for 200	9 (line 10c, colui	nn (f) divided by li	ne 13, column (f))		17	-
18 Investment income percentage from 2	008 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2009. If the c			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	-					▶□
b 33 1/3% support tests - 2008. If the o	organization did i	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
• •	-					▶[
line 18 is not more than 33 1/3%, chec	ik this box and si	op nere. The orga	unzanon quannes	as a publicly supp	orted organization	

Form 990-EZ Schedule A Part II Section C, Line 17a Supplemental Information

Statement of Facts and Circumstances Supporting the Ronald Coase Institute's Status as a Publicly Supported Charity, 2009

Activities to accomplish exempt purposes

The workshops, conferences, and network of the Ronald Coase Institute help postdoctoral social scientists and other young scholars, mostly from developing and transitional economies, to study important economic problems in their countries and seek practical solutions to increase people's opportunities to improve their lives. Through the workshops prominent scholars build the capacity of young researchers to use institutional economics to formulate significant research questions, design and implement empirical research, communicate their results persuasively to policy makers and the public, and disseminate their findings widely. Workshop graduates join a collaborative network of outstanding scholars that continues to support their research through mentoring and advice. Two or more workshops, each with about 26 participants from all over the world, are held annually. Participants are selected on the basis of their current research abstracts and their potential as research and opinion leaders. Research conferences, seminars, and meetings are organized to discuss methodologies, analyze important institutional issues, and disseminate and critique research findings. Scholarly papers and information on institutional economics, the work of Ronald Coase, and the participants and activities of the Institute are freely provided on the Institute's website.

1. Percentage of financial support from the public

The average financial support received by the Ronald Coase Institute from the public (Schedule A, Part II, Section C line 14) for the period 2005-2009 was 31.69%.

2. Sources of support

The Ronald Coase Institute receives financial support from public/governmental sources as well as individuals and private foundations with an interest in educating economists to study and overcome institutional problems in their own countries. Universities and other publicly supported educational organizations cooperate in its activities, providing in-kind support in the form of facilities, meals, and the like, and providing funds for the Institute to bring its alumni as visiting faculty and scholars. A large number of prominent scholars and experts volunteer their services as described under 4 below. In addition it receives expert legal advice pro bono.

3. Governing Body

All the members of the Ronald Coase Institute's board of directors have specialized knowledge of its field of activities, specifically, new institutional economics. Three of

the directors are Nobel Prize winners in economics. Five of the seven are currently professors of economics and one is emeritus professor of economics at leading US and European universities. All seven directors are well-known experts and widely published authors in the field of new institutional economics.

4. Availability of public services

As of October 2010 the Institute has held 17 workshops and 4 research conferences around the world benefiting a total of 340 participants from 61 different countries. Participants are mostly young professors in economics and related disciplines who are engaged in scholarly research in their own countries as well as graduate students in economics and other disciplines. An open invitation to apply to each workshop is posted publicly on the Institute's Web site and is also widely distributed through scholarly networks around the world. All qualified individuals are invited to apply. Participants are selected competitively by the Institute's scientific committee based on their research projects and CVs. Selections are made without consideration of race, religion, or gender. Scholarships covering workshop tuition and, usually, the costs of meals and accommodations are available for participants who need financial support to attend the workshop. Almost all participants from developing and transitional countries, who comprise 88% of all past participants, have received scholarships on the basis of need. Support for transportation and similar expenses is also available for hardship cases.

The Institute maintains a network for the alumni of its workshops and supports them through mentoring and advice, regular postings about their activities on its Web site, invitations to scholarly conferences organized by the Institute to showcase their research, and social events. Exceptional alumni are also supported through small research grants and sponsorship as visiting fellows at the University of Chicago, George Mason University and Washington University in St. Louis.

A total of 86 individuals (including 18 alumni of earlier workshops) have contributed their time and services to work as core faculty and lecturers for the Ronald Coase Institute workshops without compensation. These individuals are prominent professors or expert practitioners in the fields of economics, law, political science, and related disciplines. Most are widely published and recognized authorities in the field of new institutional economics. Five are Nobel Laureates in economics. The Institute's workshops have an established curriculum and methodology.

The Ronald Coase Institute posts information about its workshops on its Web site, including announcements of competitions for its upcoming workshops, complete workshop programs, lists of the participants and faculty, and the participants' research abstracts. The Institute also publishes working papers based on research conducted by its officers, alumni, faculty, and fellows that are freely available to members of the public. Its Web site provides information on Ronald Coase (a Nobel Prize winner and a founder of the field of new institutional economics), including a complete list of his publications, and the site assists members of the public to find access to out-of-print publications by

Ronald Coase. The Web site also makes a glossary, PowerPoint presentation, and reading lists on new institutional economics available to the public.

Minutes of the Ronald Coase Institute

Board of Directors Meeting November 17, 2009

The Board of Directors of the Ronald Coase Institute met at 10:00 AM Central Time on Tuesday, November 17, 2008 via conference call. Board members present were Kenneth Arrow, Lee Benham, Gary Libecap, Claude Ménard, Douglass North, and Mary Shirley. Alexandra Benham, Secretary of the Institute, was present. (During the conference call meeting, all individuals could hear and be heard by everyone else and had received the same materials prior to the meeting.)

Minutes of the Previous Meeting. The minutes of the previous meeting on November 14, 2008 were approved.

Treasurer's Report. The Board discussed and approved the financial report.

Activities over the last year. Mary Shirley reported on the major activities since the last board meeting on November 14, 2008. In December 2009 the Institute held a seminar on field methods in Hong Kong; a one day conference in Hong Kong on property rights and reform; and a workshop on institutional analysis in Beijing, China. In May of 2009 the Institute held a workshop in Bratislava, Slovakia and several faculty gave public lectures on institutional economics and the activities of the Institute.

Activities Underway and Planned. Mary Shirley reported that a workshop will be held in Xiamen, China in December, 2009. On the way to China the Benhams and Mary Shirley will stop in Hong Kong to meet with potential donors. A workshop is planned for Moscow in May 2010. An intensive workshop for high potential graduates of previous workshops may be held in March 2010 if a sponsor for the local costs can be found.

Amendment of Bylaws. Pursuant to Article XI of the Second Restated Bylaws (the "bylaws") of the Institute, the bylaws were amended to provide for seven (7) directors with one (1) director to stand for re-election annually.

Election of Directors. Under the revised bylaws, Douglass C. North was elected to serve as a director of the Institute. Elinor Ostrom was elected to serve as a director of the Institute to fill the newly created directorship.

Ratification and Confirmation of Officers' Acts. The lawful actions of the officers of the Institute during the period from November 14, 2008 to November 16, 2009 were ratified and confirmed.

The meeting was adjourned at 10:35 AM.

Signed as of the date first written above. The date on these corporate minutes shall not be construed to imply that this document was executed on that date.

Mary M. Shirley

Lee K. Benham

Douglass C. North

Claude Ménard

Kenneth Arrow

Signed as of the date first written above. The date on these corporate minutes shall not be construed to imply that this document was executed on that date.

Mary M. Shirley

Lee K. Benham

Douglass C. North

Claude Ménard

Kenneth Arrow

Jul 18 FEB. 1. 2010 11:01РМ

HOOVER INSTITUTION

NO. 823

P. 2⁵

Signed as of the date first written above. The date on these corporate minutes shall not be construed to imply that this document was executed on that date.

Mary M. Shirley

Lee K. Benham

Douglass C. North

Claude Ménard

Kenneth Arrow

Nov 03 10 06:04p

Johan Hekelaar, Inc.

301-656-7223

p.6

29/05/2005 02:52

0033144078319

CLAUDE MENARD

PAGE 03

Signed as of the date first written above. The date on these corporate minutes shall not be construed to imply that this document was executed on that date.

Mary M. Shirley

Lee K. Benham

Douglass C. North

Kenneth Arrow

P. 1

Jan 31 2010 4:19PM HP LASERJET FAX

1 650 326 1702

Signed as of the date first written above. The date on these corporate minutes shall not be construed to imply that this document was executed on that date.

Mary M. Shirley

Lee K. Benham

Douglass C. North

Claude Ménard

Kenneth Arrow

Signed as of the date first written above. The date on these corporate minutes shall not be construed to imply that this document was executed on that date.

Mary M. Shirley

Lee K. Benham

Douglass C. North

Claude Ménard

Kenneth Arrow

Gany P. Libocan

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
BANK CHARGES, DU LICENSES AND PER WORKSHOPS/PROGRA			15. 10. 58.
TOTAL TO FORM 99	00-EZ, LINE 16	138,78	83.
FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	 2
DESCRIPTION		AMOUNT	
DEPRECIATION OTHER EXPENSES			52. 13.
TOTAL TO FORM 99	00-EZ, LINE 14	20	 65.

FORM 990-EZ. CASH	GRANTS AND	ALLOCATIONS		STATEMENT	3
CLASS OF ACTIVITY/GRANTEE'S NA	ME AND ADD	RESS R	GRANTEE'S ELATIONSHIP	AMOUN	T
RESEARCH/INSTITUTIONAL ECONOMI UNIVERSIDAD TORCUATO DI TELLA JUAN PABLO SAENZ VALIENTE 1010 BUENOS AIRES CF, ARGENTINA		No	ONE	10,0	00.
TOTAL INCLUDED ON FORM 990-EZ,	LINE 10			10,0	00.

FOR	RM 990-EZ-	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S	ГАТЕМ	IENT	4
A)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[]	YES	[X]	NO
B)		SANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO

990-EZ PG 2.

STATEMENT

TO IMPROVE THE CAPACITY OF SCHOLARS TO STUDY INSTITUTIONAL PROBLEMS IN THEIR OWN COUNTRIES THROUGH WORKSHOPS AND OTHER EDUCATIONAL ACTIVITIES, AND TO CONDUCT AND PROMOTE RESEARCH ON THE INSTITUTIONS OF REAL ECONOMIC SYSTEMS.

FORM 990-EZ	Sī	CATEMENT 6	
DESCRIPTION		GRANTS	EXPENSES
ALUMNI MENTORING AND	SUPPORT	0.	11,555.
RESEARCH/INSTITUTION	NAL ECONOMIC	10,000.	0.
TOTAL TO FORM 990-E2	2, LINE 31	10,000.	11,555.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization 990-EZ

(Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No 1545-0172

Form 4562 (2009)

Name(s) shown on return Business or activity to which this form relates Identifying number THE RONALD COASE INSTITUTE FORM 990-EZ PAGE 1 43-1885542 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instruct (a) Description of property (b) Cost (business use only) (c) Flected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 252 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (e) Convention (g) Depreciation deduction (a) Classification of property 19a 3-year property Ь 5-year property 7-year property 10-year property d 15-year property 20-year property f S/L 25-year property 25 yrs. g 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property S/I Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L b 12-year 40 yrs. MM S/L 40-year Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 252. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 45	62 (2009)	THE	RONALD	COF	SE I	NSTI	ጥሀጥፑ	!				43-	-1885	542	Page 2
Part '	Listed Propert	y (Include at	utomobiles, ce						s, certain	compu	ters, and				
	recreation, or a Note: For any v			sina the	standar	d milead	e rate o	dedu	ctina leas	e expen	se. comp	leteoni	v 24a. 24	lb. colum	ıns (a)
	through (c) of S	Section A, all	of Section B,	and Se	ction C II	f applica	ble.								
			on and Other			$\overline{}$		٦						¬	-,- -
24a D0	you have evidence to s	upport the bu	siness/investme (c)	ent use c	aimed?	<u> </u>	es	_ No	f	es, is i		nce wri		_ Yes _	<u>l No</u>
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	cial depreciation allo d more than 50% in			property	y placed	in servi	ce during	the t	ax year an	ıd	25				
	perty used more that			ess use			•				25	<u> </u>		I	
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27 Proj	perty used 50% or le	ess in a quali	fied business	use:	·			-	:						
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	l amounts in column		=				, page 1				28	<u> </u>			
29 Add	amounts in column	(i), line 26. E											29	<u> </u>	
			_		B - Infor										
•	te this section for ve		•						-		•		46		
those ve	ovided vehicles to y ehicles.	our employe	es, ilist aliswi	er me q	uestions	in Secu	OII C IO	see II y	you meet a	an exce	ption to t	complei	ing mis s	section ic	νr
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20 Tota	A Total business (investment miles driven during the			1	(a) buolo	1 -	b)	(c)		(d)		(e)		(f) Vehicle	
	Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle						Veli	CIE							
•	year (do not include commuting miles) 31 Total commuting miles driven during the year														
	al other personal (no	-	=					ļ							
drive			,											•	
33 Tota	al miles driven during	the year.													,
Add	lines 30 through 32	•]	
34 Was	s the vehicle availabl	e for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
dun	ng off-duty hours?				ļ	<u> </u>									
	s the vehicle used pr		more												
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36 Is a	nother vehicle availa	ble for perso	nal												
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	these questions to d	determine if y	ou meet an e	xceptio	n to com	pleting	Section	B for v	ehicles us	ed by e	mployee	s who a	re not m	ore than	5%
	or related persons. you maintain a writte	n policy stat	ement that or	ohibite :	all nemo	nal uca e	of vobick	20. 100	luding cor	nmutin.	a by you			Yes	No
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•	you maintain a writte	n policy stat	ement that or	ohibits i	personal	use of v	ehicles.	excer	nt commut	ına. bv	vour				
	oloyees? See the ins		•								,				
	you treat all use of ve					•									
	you provide more tha					informat	tion from	your	employee	s about					
the	use of the vehicles,	and retain th	e information	receive	d?										
41 Doy	you meet the require	ments conc	erning qualifie	d auton	nobile de	monstra	ation use	?							
Not	e: If your answer to 3	37, 38, 39, <u>4</u> (0, or 41 is "Ye	s," do n	ot comp	lete Sec	tion B fo	r the c	covered ve	ehicles.					<u> </u>
Part 1	VI Amortization				,										
	(a) Description of	costs	Date	(b) amortization		(C) Amortizat	ble		(d) Code		(e) Amortiza	tion	A	(f) mortization	
	<u> </u>			bagins	<u> </u>	amoun	t		section		period or per		ft	or this year	
42 Am	ortization of costs th	at begins du	ring your 2009	tax ye	ar:					Т	-				-
				• • • • • • • • • • • • • • • • • • • •	 			+							
42 ^		at books had	fore years coor) tou	<u></u>							43			
	ortization of costs th al. Add amounts in c	-	-	-		o renort						44			
<u> </u>	wiii			.5.15 101											

Form **4562** (2009)

Form* **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously 	his form).
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corporation required to file Form 990-T and requesting and requesting an automatic file Form 990-T and requesting a file For	omplete
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request to file income tax returns.	an extension of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extennoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic www.irs.gov/efile and click on e-file for Chanties & Nonprofits.	onically if (1) you want the additional consolidated Form 990-T. Instead,
Type or Name of Exempt Organization	Employer identification number
THE RONALD COASE INSTITUTE	43-1885542
File by the due date for filing your Number, street, and room or suite no. If a P.O. box, see instructions. * ALEXANDRA L. BENHAM 6346 WATERMAN AVE	13 1003312
City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63130-4707	
Check type of return to be filed (file a separate application for each return):	
Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form X Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form	4720 5227 6069 8870
MARY M SHIRLEY • The books are in the care of ▶ 5610 WISCONSIN AVENUE, #1602 - CHEVY C	CHASE, MD 20815
Telephone No. ► 301. 656-9694 FAX No. ►	
If the organization does not have an office or place of business in the United States, check this box	▶
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of	
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time to AUGUST 15, 2010 Is for the organization's return for: X calendar year 2009 or	
tax year beginning , and ending	
2 If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	
See instructions	3c \$ N/A
Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Fo	

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)

Form	8368 (Rev. 4-2009)				Dana 2				
	•	45: 5			Page 2 ► X				
-	rou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check			 o	▶ لما				
	. Only complete Part II if you have already been granted an automatic 3-month extension on a previous rou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	зіу піесі г	om ooo	0.					
	Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).								
	Name of Exempt Organization	minamus X			ation number				
Туре	or Name of Exempt organization		p						
print	THE RONALD COASE INSTITUTE		43-	18855	42				
File by extend			For IRS (ıse only					
due da	to for 🎖 ALEXANDRA L BENHAM 6346 WATERMAN AVE								
filing the return instruc	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
Chec	k type of return to be filed (File a separate application for each return):								
	Form 990 X Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041	-A [Form	5227	Form 8870				
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720) [Form	6069					
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a p	revious	ly filed F	orm 8868.					
	MARY M SHIRLEY		-						
• Th	ne books are in the care of > 5610 WISCONSIN AVENUE, #1602 - CHEV	Y CH	ASE,	MD 20	815				
	elephone No. ► 301. 656-9694 FAX No. ►								
	the organization does not have an office or place of business in the United States, check this box								
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this	is for the	e whole gro	oup, check this				
box		ls of all r	nembers	the extens	ion is for.				
4	I request an additional 3-month extension of time until NOVEMBER 15, 2010.								
5	For calendar year 2009, or other tax year beginning, and er	nding			·				
6	If this tax year is for less than 12 months, check reason: La Initial return Final return	n	L Cha	ange in acc	ounting period				
7	State in detail why you need the extension		200						
	ADDITIONAL TIME IS REQUESTED TO COMPILE BOOKS AND	RECO	RDS						
	IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN								
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		a _						
	nonrefundable credits See instructions.		8a \$						
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimate	ea							
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	ŀ	8b \$						
С	previously with Form 8868. Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, depo	eit	00 0						
·	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instru	- 1	8c \$		N/A				
-	Signature and Verification		:1. <u>-</u> ×						
Unde	r penalties of penury, I declare that, have examined this form, including accompanying schedules and statements, a rue, porrect, and complete, and that I are authorized to prepare this form	ind to the	best of m	y knowledge	and belief,				
	in a later and the later and t		n N	8/15	1/10				
Signa	ture ► GPA		Date -	0/13/	260 (Day 4 0000)				
				18 mio1	368 (Rev 4-2009)				

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