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Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For the	2011 calendar year, or tax year beginning and en	ding				
В	Check if applicable	C Name of organization		D Employer identific	ation number		
	Addres	THE RONALD COASE INSTITUTE					
Ē	Name change	Doing Business As		43-1	885542		
	Initial return		om/suite	E Telephone number			
	Termin	% ALEXANDRA L BENHAM 6346 WATERMAN			862-0351		
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	33,548.		
	Applica			H(a) Is this a group re	turn		
	pendin			for affiliates?	Yes X No		
		5610 WISCONSIN AVE, SUITE 1602, CHEVY CH	HASE,	H(b) Are all affiliates inc	uded? Yes No		
1	Tax-exe	mpt status: X 501(c)(3) 501(c) () ((Insert no) 4947(a)(1) or (527	If "No," attach a	list. (see instructions)		
J	Websit	e: ► WWW.COASE.ORG		H(c) Group exemption	n number		
K	Form of	organization X Corporation	L Year	of formation 2000 N	State of legal domicile MO		
P	art I	Summary					
Governance	1 [Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}\ \ {\sf CON}}$ RESEARCH ON REAL ECONOMIC SYSTEMS.	1DUCT	AND PROMOT	E ECONOMIC		
ī.	-	Check this box I if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.		
Š		Number of voting members of the governing body (Part VI, line 1a)		3	8		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	8		
ο <u>ς</u>		otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0		
iţi	i i	otal number of volunteers (estimate if necessary)		6	0		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0.		
⋖	l .	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		258,345.	25,437.		
Š	9 1	Program service revenue (Part VIII, line 2g)		7,143.	3,475.		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,753.	4,636.		
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	270,241.	33,548.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	3,000.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		2,571.	5,850.		
×	ь	Total fundraising expenses (Part IX, column (D), line 25)	<u>7 - L</u>				
ш	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	——————————————————————————————————————	151,713.	129,591.		
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A) line 25 VED	₩	154,284.	138,441.		
- "		Revenue less expenses. Subtract line 18 from line 12	عيل_	115,957.	-104,893.		
Net Assets or	<u> </u>	2000	SO S	ginning of Current Year	End of Year		
Sset	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)	100	549,818.	444,925.		
E A	21	ofal liabilities (Part X, line 26)	<u> </u>	0.	444 025		
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block		549,818.	444,925.		
							
		ties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowleage and beliet, it is		
true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge							
o:.	'	Signature grofficer		Date / J	12012		
Sig		MARY M SHIRLEY, PRESIDENT					
He	i e						
		nate Cross	PTIN				
Pal	id	PrintyType preparer's name ROBERT S DIETERLE	1/10/12 self-employe	P00227272			
	parer	Firm's name THE DIETERLE GROUP, LLC	Firm's EIN ▶	52-2138242			
	e Only	Firm's address 2015 HUNTWOOD DRIVE SUITE 210					
	•	GAMBRILLS, MD 21054		Phone no 3	01-261-0990		
Ma	y the If	IS discuss this return with the preparer shown above? (see instructions)			X Yes No		
400		1 HA For Pananyork Reduction Act Notice see the separate instruction			Form 990 (2011)		

	990 (2011) THE RONALD COASE INSTITUTE	43-1885542	
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	·	
1	Briefly describe the organization's mission:		_
	TO IMPROVE THE CAPACITY OF SCHOLARS TO STUDY INSTITUT		<u> </u>
	THEIR OWN COUNTRIES THROUGH WORKSHOPS AND OTHER EDUCATION		
•	ACTIVITIES & TO CONDUCT AND PROMOTE RESEARCH ON THE II	NSTITUTIONS OF	·
	REAL ECONOMIC SYSTEMS.		
2	Did the organization undertake any significant program services during the year which were not listed on		_
	the prior Form 990 or 990-EZ?	Yes	
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun	t of grants and allocations	to
	others, the total expenses, and revenue, if any, for each program service reported.		
4a		Revenue \$ 3,	4
	WORKSHOP AT THE UNIVERSITY OF CHICAGO, ILLINOIS MAY 15-		
			-
			_
	- · · · · · · · · · · · · · · · · · · ·		
			
		• • • • • • • • • • • • • • • • • • • •	
	(Code) (Expenses \$) (Figure 1		
4b	(Code) (Expenses \$23,U59 • Including grants of \$) (RESEARCH ON INSTITUTIONAL ECONOMICS/ALUMNI MENTORING A	NID CIDDODE	
	RESEARCH ON INSTITUTIONAL ECONOMICS/ALUMNI MENTORING	AND SUPPORT	
4c	(Code) (Expenses \$ 19,175 • including grants of \$) (F	Revenue \$	
	WORKSHOP FROM A PRIOR YEAR CONFERENCE SHANGHAI, CHINA		
			_
4d			
	(Expenses \$ 163 • including grants of \$) (Revenue \$		
4e	_ 12C 40C		
40000		Form 9	90
13200 02-09	-12		
	2		
271	110 900162 1361 2011.03020 THE RONALD COASE I	INSTITUTE 136	1_

Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes." complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a **b** Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX . X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 14b or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization Х or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X 19 complete Schedule G, Part III X

Form 990 (2011)

20a

20b

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			l
•	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25	24a		<u> </u>
-	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ь—
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		ļ	.,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	· · · · · · · · · · · · · · · · · · ·			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	l		٠,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
а		28a		X
b	ullet	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		├
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31	 	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
	Schedule N, Part II	32	 	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	
34	Was the organization related to any tax-exempt or taxable entity?	24		X
_	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		- A
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	255		Х
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
_	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	X	
_	Note. All Form 990 filers are required to complete Schedule O	<u>38</u>	•	<u> </u> (2011)

r Form	990 (2011) THE RONALD COASE INSTITUTE		43-1885	542	P	age 5
	Statements Regarding Other IRS Filings and Tax Compliance					
<u> </u>	Check if Schedule O contains a response to any question in this Part V	_				
		-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
` с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable	e gaming			
_	(gambling) winnings to prize winners?	٠.		1c	Х]
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1				
	filed for the calendar year ending with or within the year covered by this return	2a	0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing			2b		1
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		За	ĺ	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority	over a			
74	financial account in a foreign country (such as a bank account, securities account, or other financial	•		4a		X
h	If "Yes," enter the name of the foreign country:	40000111,	•			1
•	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	100001111		5a	ĺ	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organ	ization solicit			1
-	any contributions that were not tax deductible?	io organi	ization compil	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contribute	lons or c	nifts			
•	were not tax deductible?		, <u>.</u>	6b		
7	Organizations that may receive deductible contributions under section 170(c).				·	1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pro	vided to the navor?	7a	Ì	X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		viada to tilo payor.	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requi	red			†
·	to file Form 8282?	ao roquii		7c		Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		,	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		'	7f		X
, g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		as required?	7g		1
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				·	1
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		-	8	ĺ	1
9	Sponsoring organizations maintaining donor advised funds.	,	adming the year.			
a	Did the organization make any taxable distributions under section 4966?			9a	Ì	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		\top
10	Section 501(c)(7) organizations. Enter:					1
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					1
_	amounts due or received from them.)	116				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a]
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				1	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	T	T
_	Note. See the instructions for additional information the organization must report on Schedule O.		'	······································	-	1
ь	Enter the amount of reserves the organization is required to maintain by the states in which the					
_	organization is licensed to issue qualified health plans	136			Į.	1
С		13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	•	14b		1
				Form	990	(2011

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tiòn A. Governing Body and Management			
	and the deverting body and management		Yes	No
ìa	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ь		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7		
_	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u> _
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	•	v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> X</u>
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100		
40	in Schedule O how this was done	12c	-	X
13	Did the organization have a written whistleblower policy?	14		X
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a	ĺ	х
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	T		
16a				
٠	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ŀ		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	-	
	MARY M SHIRLEY - 202-258-0564			
<u> 13200</u>	5610 WISCONSIN AVENUE, #1602, CHEVY CHASE, MD 20815		000	
13200		Form	990	(2011)

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	///	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	person is both an director/trustee)		h an	compensation	compensation	amount of
	week	\vdash	cer an	dad	recto	r/trus	tee)	from	from related	other
	(describe	or director						the	organizations	compensation
	hours for	ğ	8			DE SEC		organization	(W-2/1099-MISC)	from the
	related organizations	Lister	<u> </u>		88	E G		(W-2/1099-MISC)		organization and related
	in Schedule	ag a	ap ap	_	ê	S SC	la la			organizations
	O)	Individual trustae	Institutional trustee	Officer	Кеу ептрюуев	Highest compensated employee	Former			
(1) MARY M SHIRLEY										
PRESIDENT / DIRECTOR	30.00	Х	<u> </u>	Х	ļ	<u> </u>		0.	0.	0.
(2) CLAUDE MENARD						Ì				_
TREASURER / DIRECTOR	5.00	X		X			ļ	0.	0.	0.
(3) LEE K BENHAM							İ			
DIRECTOR	10.00	X	L			<u> </u>	<u> </u>	0.	0.	0.
(4) DOUGLASS C NORTH										
DIRECTOR	1.00	X	<u> </u>		_	ļ	<u> </u>	0.	0.	0.
(5) KENNETH ARROW					l					_
DIRECTOR	1.00	X	<u> </u>	<u> </u>		<u> </u>	_	0.	0.	0.
(6) GARY D. LIBECAP	1			1	1					
DIRECTOR	1.00	X			ļ	▙	<u> </u>	0.	0.	0.
(7) ELINOR OSTROM				l						
DIRECTOR	1.00	X	<u> </u>		_	1	<u> </u>	0.	0.	0.
(8) PHILIP KEEFER										
DIRECTOR	1.00	X		<u> </u>	<u> </u>	ļ	_	0.	0.	0.
(9) ALEXANDRA L H BEHNAM							-			
SECRETARY	30.00	 	╄	X	<u> </u>	<u> </u>	-	0.	0.	0.
						T				
		-	-	├	-	1	\vdash			
	<u> </u>	ļ <u>-</u>	-			-	-			
					T		Γ			
			 		 		+			
					<u>L</u>	<u> </u>				
										E 000 (0044)

132007 01-23-12

Form **990** (2011)

Par	VII Section A. Officers, Directors, Tru	ustees, Key Er	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title Average		Position (do not check more than one					one	Reportable	Reportable			imate	
	•	hours per box, u		, unle	ss pe	rson	is bot	h an	compensation	compensation	- 1		ount (of
		week (describe	$\overline{}$	T	10 2 0)i/dus	100,	from	from related	- 1		other	4 !
•		hours for	or director				L		the	organizations			oensa om the	
		related	9	8			Safe		organization (W-2/1099-MISC)	(W-2/1099-MIS	,,,		anizatı	
		organizations	trustoe	Institutional trustee		8	E G		(***22 1099*141130)		i	-	i relati	
		in Schedule	land	真	_) g	18 S	 =					nizatı	
		O)	Individual	150	Officer	Key employee	Highest compensated employee	ᄩ				•		
									-					
			i											
						<u> </u>								
				L	<u> </u>									
							ļ							
1b	Sub-total .								0.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 of reportabl	е			_
	compensation from the organization													0
											г		Yes	No
3	Did the organization list any former officer			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on			-	
	line 1a? If "Yes," complete Schedule J for s									•	,	3		X
4	For any individual listed on line 1a, is the si									the organization				
	and related organizations greater than \$15	0,000? If "Yes,	," cc	mpl	ete :	Sch	edul	e J i	for such individual	•	ŀ	4		X
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	dual for services				
	rendered to the organization? If "Yes," con	nplete Schedul	le J	for s	uch	pen	son					5	l	Х
	tion B. Independent Contractors									A.00 CCC :				
1	Complete this table for your five highest co										pensa	ation fi	rom	
	the organization. Report compensation for	the calendar y	ear	end	ing v	<u>vith</u>	or w	/ithir		year.				
	(A) Name and business	address	NT/	ON					(B) Description of s	envices	C	(C omper		n
	Name and business	3 2001633	TA	OIN.	<u> </u>				- Description of s	SELVICES .				
								-						
										j				
										- 1				
										į				
														-
2	Total number of independent contractors	(includina but r	not l	imite	ed to	the	se li	stec	d above) who received n	nore than				
_	\$100,000 of compensation from the organ						0		,	, ·				
	, ,											Form !	990 /	2011)

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

4 5

33,548.

Total. Add lines 11a-11d

Total revenue. See instructions

11 a

3,475

4,636.

Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			· · · · · · · · · · · · · · · · · · ·	······································
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				1.111111111111111111111111111111111111
3	Grants and other assistance to governments,		_		
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	3,000.	3,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management				
ь	Legal				
С	Accounting .	2,690.		2,690.	
d	Lobbying .				
е	Professional fundraising services See Part IV, line 17	5,850.			5 , 850
f	Investment management fees				
g	Other	1,725.		1,725.	
12	Advertising and promotion				
13	Office expenses	221.		221.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel .	94,305.	92,558.		1,747
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,962.	7,962.		
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	141.		141.	
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0).				
а	CONCILL MANIMO	20,125.	20,125.		
b	PRINTING	1,073.	1,073.		
~	DUES & SUBSCRIPTIONS	496.		496.	
d	SUPPLIES	438.	438.		
_	Ali other expenses	415.	1,330.	-975.	60
25	Total functional expenses. Add lines 1 through 24e	138,441.	126,486.	4,298.	7,657
<u>25 </u>	Joint costs. Complete this line only if the organization				
_•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)			1	

THE RONALD COASE INSTITUTE Form 990 (2011) Part X Balance Sheet (A) End of year Beginning of year 100,798. 18,489. 1 Cash · non-interest-bearing 426,226. 448,669. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 2,607. 2,397. basis. Complete Part VI of Schedule D 10a 351. 210. 10b b Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 549,818. 444,925 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0.

> 444,925. 444,925.

> > Form 990 (2011)

444,925.

28

29

32

33

0. 31

549,818.

549,818.

549,818.

Net Assets or Fund Balances

27

28

29

31

32

33

___ and complete

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Organizations that follow SFAS 117, check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117, check here

X
and

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2011)

3a

X

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury Internal Rèvenue Service

(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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number THE RONALD COASE INSTITUTE 43-1885542 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ____ Type III - Other **b** Type II c ____ Type III · Functionally integrated a ____ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (vi) is the (iii) Type of (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col organization organization in col in col (i) listed in your support (i) organized in the organization (described on lines 1-9 (i) of your support? governing document? above or IRC section Yes (see instructions))

132021 01-24-12

Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
` 1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	115,139.	202,279.	105,697.	258,345.	25,437.	706,897.
2	Tax revenues levied for the organ-				:		
	ızatıon'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						
4	Total. Add lines 1 through 3	115,139.	202,279.	105,697.	258,345.	25,437.	706,897.
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,						
	column (f)						417,250.
6	Public support. Subtract line 5 from line 4					,	417,250. 289,647.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	115,139.	202,279.	105,697.	258,345.	25,437.	706,897.
8	Gross income from interest,						
-	dividends, payments received on			,			
	securities loans, rents, royalties						
	and income from similar sources	19,900.	15,220.	9,616.	4,753.	4,636.	54,125.
9		•		•			
•	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.)	1					
11	Total support. Add lines 7 through 10						761,022.
12		. etc. (see instructi	ons)		***************************************	12	30,149.
	First five years. If the Form 990 is fo	•	•	d. fourth, or fifth to	ax vear as a sectio	n 501(c)(3)	
	organization, check this box and stop		,		•		ightharpoons
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2011 (line 6, column (f) d	vided by line 11, o	column (f))		14	38.06 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14	.,,		15	33.60 %
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies						$\triangleright X$
t	33 1/3% support test - 2010. If the	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check ti	nis box and stop h	nere. Explain ın Pa	rt IV how the orgai	nization
	meets the "facts-and-circumstances"					•	▶
ŀ	10% -facts-and-circumstances tes	•	•		-	17a, and line 15 is	10% or
	more, and if the organization meets t	_					
	organization meets the "facts-and-cir				-		. ▶□
18	Private foundation. If the organization						ns ►
							or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or If the organization failed to qualify under Part II. If the organization	n fails to
qualify under the tests listed below, please complete Part II.)	

Sec	tion A. Public Support					_	
_	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	Gifts, grants, contributions, and	. —					
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					· -	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	•					<u> </u>	
5	The value of services or facilities]				
	furnished by a governmental unit to						
_	the organization without charge		 				
	Total. Add lines 1 through 5		 		 	 	
7a	Amounts included on lines 1, 2, and	1					
	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			1	1		
	amount on line 13 for the year					 -	
_	Add lines 7a and 7b				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Public support (Subtract line 7c from line 6)	<u> </u>	<u>L</u>	<u> </u>	<u> </u>	<u> </u>	
<u>Sec</u>	ction B. Total Support				 	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6				ļ		
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						
	Add lines 10a and 10b						
	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					1	
	or loss from the sale of capital	1					
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization	s first, second, the	rd, fourth, or fifth	tax vear as a secti	on 501(c)(3) organi	zation.
.7	check this box and stop here	i ine vigaliization	o mon socomo, tim		,	on serioner organis	▶ □
So	ction C. Computation of Pub	ic Support Pe	ercentage	-			
	Public support percentage for 2011 (column (fl)	-	15	%
16				00.011 (1))		16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
				10, 001011111 (1))		18	
10	a 33 1/3% support tests - 2011. If the			on line 14 and lin	ie 15 ie more than	\ 	
196							., is not
	more than 33 1/3%, check this box a						and
	33 1/3% support tests - 2010. If the	=					. —
00	line 18 is not more than 33 1/3%, che						
∠∪	Private foundation. If the organization	on ala not check a	LUUX <u>UH IIIIB 14, 18</u>	a, or 150, check	una don and see ii	13(10010113	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

2011 Open to Public Inspection

Name of the organization

THE RONALD COASE INSTITUTE

Employer identification number

	THE RUNALD COASE IN		43-1885542
Par			ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		0.5
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose conf	ferring
	impermissible private benefit?	·	. Yes No
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure	cture included in (a)	2c
ď	Number of conservation easements included in (c) acquired af		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	
	year▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it I		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		the year
7	Amount of expenses incurred in monitoring, inspecting, and ei		
8	Does each conservation easement reported on line 2(d) above		•
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservatio	n easements in its revenue and expense stat	• • • • • • • • • • • • • • • • • • • •
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	T III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art.
	historical treasures, or other similar assets held for public exhil		
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (ASC		balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, edit		
	relating to these items:		or vice, provide the reneving amount
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$ > \$
2	If the organization received or held works of art, historical treat	sures or other similar essert for financial con-	
-	the following amounts required to be reported under SFAS 11		ii, provide
_		o moo soo, relating to these items.	> ¢
a	Revenues included in Form 990, Part VIII, line 1	· ·	• • · · · · · · · · · · · · · · · · · ·
D	Assets included in Form 990, Part X	•	▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

(7) (8) (9) (10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

132053 01-23-12

	dule D (Form 990) 2011 THE RONALD COASE INSTITUTE			43-1885542	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Final	ncial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
` 5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8	-	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		
Par	KIN Reconciliation of Revenue per Audited Financial Statemer	nts With Reve	enue per F	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1 1	
а	Net unrealized gains on investments	2a		↓	
Ь	Donated services and use of facilities	2b		4 1	
C	Recoveries of prior year grants	2c		4	
d	Other (Describe in Part XIV.)	2d		4 1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b	Other (Describe in Part XIV.)	4b		4	
c	Add lines 4a and 4b		•	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	·		5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses per	r Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1			
а	Donated services and use of facilities	2a		4 1	
b	Prior year adjustments	2b		4 1	
C	Other losses	2c		4	
d	Other (Describe in Part XIV.)	2d		4 _ 1	
е	Add lines 2a through 2d	• •		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
Ь	Other (Describe in Part XIV.)	4b		┥,	
C	Add lines 4a and 4b	•		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	·		5	
	TXIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1a and 4: I	Part IV lines	1h and 2h: Part V Ju	a 1. Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
Λ, ΙΙΙΙ	6 2, Fait XI, III 6 0, Fait XII, III 65 20 and 40, and 1 at XIII, III 65 20 and 40. Also compl	ioto tino part to p	ioriao arij ac		
		<u> </u>			
			·		
				Schedule D (Form	990) 2011

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE RONALD COASE INSTITUTE

Employer identification number 43–1885542

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of c noncash contrib	determini		
1	Art - Works of art			,		_		
2	Art · Historical treasures							
3	Art - Fractional Interests	-						
4	Books and publications			_				
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -	***						
••	Historic structures	İ						
14	Qualified conservation contribution - Other						.,	
15	Real estate · Residential							
16	Real estate - Commercial							
17	Real estate · Other							
18	Collectibles							
19	Food inventory		-					
20	Drugs and medical supplies					-		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts					_		
25	Other (LODGING MEALS)	X	1	15,151.	CHARGES DE	TERM	INE	\overline{D} \overline{B}
26	Other ()							
27	Other (_		
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for	contributions				
	for which the organization completed Form 82							
	to the organization completes to the	,,					Yes	No
30a	During the year, did the organization receive b	ov contributi	on any property re	ported in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial							
	the entire holding period?		,	•		30a		Х
b	If "Yes," describe the arrangement in Part II.				•			
31	Does the organization have a gift acceptance	policy that i	requires the review	of any non-standard contrib	outions?	31		X
	Does the organization hire or use third parties							
	contributions?		<u> </u>	,	_	32a		Х
b	If "Yes," describe in Part II.	•		•	·			7
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which column (a) is c	hecked,			
=	describe in Part II		., , , , ,	.,,,,,	_			L,

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Department of the Treasury Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service **Employer identification number** Name of the organization THE RONALD COASE INSTITUTE 43-1885542 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: 2012 WORKSHOP BEIJING, CHINA INCLUDING GRANTS OF \$ 0. EXPENSES \$ 163. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: A DIRECTOR LEE K BENHAM AND THE CORPORATE SECRETARY ALEXANDRA L H BENHAM ARE MARRIED FORM 990, PART VI, SECTION A, LINE 4: THE BOARD OF DIRECTORS VOTED TO AMEND THE RESTATED BYLAWS OF THE CORPORATION TO EXPAND THE NUMBER OF MEMBERS ON THE BOARD FROM 7 TO 8 MEMBERS FORM 990, PART VI, SECTION A, LINE 8B: THE INSTITUTE DOES NOT HAVE ANY COMMITTEES FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS EMAILED TO EACH DIRECTOR AND OFFICER FOR THEIR REVIEW BEFORE FILING FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THESE DOCUMENTS WILL BE PROVIDED BY MAIL UPON REQUEST

4562 Form

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

Attach to your tax return.

990

2011

Identifying number

Attachment Sequence No 179

OMB No 1545-0172

Business or activity to which this form relates

THE RONALD COASE INSTITUTE FORM 990 PAGE 10 43-	1885542
Part Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete.	
1 Maximum amount (see instructions)	500,000.
2 Total cost of section 179 property placed in service (see instructions)	
3 Threshold cost of section 179 property before reduction in limitation . 3 2,	000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter-0- If marned filing separately, see instructions 5	
6 (a) Description of property (b) Cost (business use only) (c) Elected 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	
9 Tentative deduction. Enter the smaller of line 5 or line 8	
10 Carryover of disallowed deduction from line 13 of your 2010 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 2012. 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.	
Part II 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	
the tax year	
15 Property subject to section 168(f)(1) election	
16 Other depreciation (including ACRS)	
Part III MACRS Depreciation (Do not include listed property.) (See instructions.)	_
Section A	
17 MACRS deductions for assets placed in service in tax years beginning before 2011	141.
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 2011 Tax Year Using the General Depreciation System	
(a) Classification of property (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery period (e) Convention (f) Method (g) Deprior	eciation deduction
19a 3-year property	
b 5-year property	
c 7-year property	
d 10-year property	
e 15-year property	
f 20-year property	
g 25-year property 25 yrs. S/L	
/ 27.5 yrs. MM S/L	
h Residential rental property / 27.5 yrs. MM S/L	·
/ 39 yrs. MM S/L	
i Nonresidential real property / MM S/L	
Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System	
Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System	
Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L	
Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L	
Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year / 40 yrs. MM S/L	
Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year / 40 yrs. MM S/L Part IV Summary (See Instructions)	
Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year / 40 yrs. MM S/L Part IV Summary (See Instructions) 21 Listed property. Enter amount from line 28	
Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year / 40 yrs. MM S/L Part IV Summary (See Instructions)	141.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)

For	m 4562 (2011)	THE	RONALD	COA	SE I	NSTI	TUTE					43-	1885	542	Page 2
P	art V Listed Proper amusement.)	ty (Include au	utomobiles, ce	rtain oth	ner vehicl	es, cer	tain com	puters	s, and pro	perty use	ed for en				
	Note: For any							dedu	cting leas	expens	ө, сотр	lete only	24a, 24	4b, colun	nns (a)
	through (c) of S		of Section B, a on and Other l						tions for l	inaita fa u					
04-	Do you have evidence to				<u>`</u>	$\overline{}$		$\overline{}$		-	<u>_</u>		·	Yes	Na
248		(b)	(c)	III USE CI		<u> </u>	es L (e)	_ NO_	24b lf "Y	Т .					<u>No</u> (i)
	(a) Type of property	Date	Business/		(d) Cost or	Bas	is for depre	ciation	Recovery		g) :hod/		h) ciation		cted
	(list vehicles first)	placed in service	investment use percentag	ot م	her basis	(bu	siness/inve use only		period		ention		iction		n 179
	0						-					ļ			est
25	Special depreciation all used more than 50% in	•	•	property	piaceo i	II Servic	se dunnę	, ine i	ax year ar	iG	25				
26	Property used more that			es lise.		•	•	•		-	_ 23	l .		Ł	
20	Property asea more tha	11 30 70 11 a q	9									Γ-			
			9	\neg		+				 					
		 	9	-								-		-	
27	Property used 50% or l	ec in a quali				!	_		L	<u> </u>		l		1	
21	Property used 50 % or a	ss in a quai	9				••			S/L -		l		T	
_		· · · · ·	9				•			S/L·			<u>.</u> .	1	
			9						-	S/L·				1	
28	Add amounts in column	(h) lines 25		-	e and on	line 21	page 1		L	10,2	28			1	
	Add amounts in column					III 0 2 1	, page .			•			29		
	Add amounts in colonia	1 (1), Into Eq. E			B - Inforr	nation	on Use	of Vel	hicles		-			·	
Co	mplete this section for ve	hicles used	_			-				or related	dperson	1.			
	ou provided vehicles to												ng this s	section fo	or
tho	se vehicles.														
_				(a)	(b)		(c)	1 (d)	(e)	(1)
30	Total business/investment	miles drıven d	uring the		nicle	-	hicle	l ۷	/ehicle	1	ncle		ncle	Veh	
	year (do not include com		•						•						
31	Total commuting miles	-										,			
	Total other personal (no		_												
	driven		,,												
33	Total miles driven durin	g the year.	•												
	Add lines 30 through 32				-										
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relat	ed person?													
36	Is another vehicle availa	able for perso	onal								1				
	use?		•							<u> </u>					
		Section C	- Questions f	or Emp	loyers W	ho Pro	vide Vel	nicles	for Use b	y Their I	Employe	ees			
An	swer these questions to	determine if	you meet an e	xceptio	n to comp	oleting	Section	B for v	ehicles u	sed by er	nployee	s who a	re not n	nore than	5%
ow	ners or related persons.														
37	Do you maintain a writt employees?	en policy stat	tement that pr	ohibits a	all person	al use	of vehicle	es, inc	luding co	mmuting	, by you	r		Yes	No
38	Do you maintain a writt	en policy stat	tement that pr	ohibits į	personal	use of	vehicles,	excep	ot commu	ting, by y	our/				
	employees? See the in:	structions for	r vehicles used	by cor	porate off	ficers, c	directors	or 19	% or more	owners					ļ
39	Do you treat all use of v	ehicles by ei	mployees as p	ersonal	use?										
40	Do you provide more th	an five vehic	les to your em	ployees	, obtain i	nforma	tion from	your	employee	s about					1
	the use of the vehicles,	and retain th	ne information	receive	d?					-					1
41	Do you meet the requir	ements conc	erning qualifie	d auton	nobile der	monstr	ation use	?							
	Note: If your answer to	37, 38, 39, 4	10, or 41 is "Ye	s," do n	ot compl	ete Sec	tion B fo	r the	covered v	ehicles.					
P	art VI Amortization				. ,										
	(a) Description	of costs	Data	(b) amortization	1	(c) Amortiza	ble		(d) Code		(e) Amortiza		Δ	(f) mortization	
				bogins	<u> </u>	STIDUT			section	<u></u>	periou or per			or una year	
<u>42</u>	Amortization of costs t	nat begins di	uring your 201	tax ye	ar:							· _[
_								\perp							
_											·	1			
43	Amortization of costs t	hat began be	fore your 2011	tax ve	ar							43			

44 Total. Add amounts in column (f). See the instructions for where to report

Form 990 Schedule A Part IV Supplemental Information

Statement of Facts and Circumstances Supporting the Ronald Coase Institute's Status as a Publicly Supported Charity, 2012

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. One 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 2008-2012 was 38.06.

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 the Institute's activities, providing in-kind support in the form of meeting facilities, meals, accommodations, 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 the Institute 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. Two of the

directors are Nobel Prize winners in economics. Three of the six are currently professors of economics or political science and three are emeritus professors of economics at leading US and European universities. All six directors are well-known experts and widely published authors in the field of new institutional economics.

4. Pubic services

As of May 30, 2012 the Institute had held 19 workshops around the world benefiting a total of 418 participants from 65 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 87% 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 has organized research conferences and meetings for select alumni of its workshops. It also maintains a network of alumni and supports them through mentoring and advice, regular postings about their activities on its Web site, and invitations to scholarly conferences organized by the Institute or other scholarly organizations (such as the International Society of New Institutional Economics) 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 97 individuals (including 19 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. Four 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, and reading lists on new institutional economics available to the public. The Institute also maintains a Facebook page with links to our events and information useful to our network and students of institutional economics, such as job openings.

ACTION BY ALL OF THE DIRECTORS

OF

THE RONALD COASE INSTITUTE

A MISSOURI NONPROFIT CORPORATION

The following action was taken and the following business transacted by the written consent of all of the directors of the Ronald Coase Institute, a Missouri nonprofit corporation, (the "Corporation") as of the 14th day of September 2011, pursuant to § 355.246 of the Nonprofit Corporation Law of Missouri and Article IV, Paragraph F of the Corporation's restated bylaws, which consent and action is intended to have the same force and effect as a unanimous vote at a meeting of all of the directors duly held, where all of the directors have waived notice of the time, place and purposes of the meeting:

Bylaw Amendment for Expansion of the Board of Directors

WHEREAS, the Corporation desires to expand the number of members on the Board of Directors (the "Board") from seven (7) to eight (8) members, thereby creating a vacancy on the Board by amending the Restated Bylaws of the Corporation; and

WHEREAS, the Restated Bylaws of the Corporation provide for such amendment to the restated Bylaws to be approved by the Board.

NOW, THEREFORE, BE IT RESOLVED that pursuant to Article XI of the Restated Bylaws of the Institute, as hereby amended, the size of the Board is set at eight (8) members, with one (1) director to stand for re-election annually.

Appointment of New Director

WHEREAS, the Corporation desires to appoint Mr. Philip Keefer to fill the newly created vacancy on the Board, as permitted by the Revised Bylaws in the event of a vacancy on the Board.

NOW, THEREFORE, BE IT RESOLVED that under the Revised Bylaws, Philip Keefer is hereby elected by the Board to serve as a director of the Institute to fill the newly created directorship until such time as his successor is duly elected and qualified.

FURTHER RESOLVED, that the officers of the Corporation, or any of them, be, and each of them hereby is, authorized to take from time to time, in the name and on behalf of the Corporation, any and all such action as may be required from time to time to execute and deliver any and all such certificates and other documents and to obtain such consents and to take all other actions as may be necessary or appropriate in their opinion to effectuate and comply with the purpose and intent of the foregoing resolutions; and

FURTHER RESOLVED, that the Corporation is authorized, and officers of the Corporation, be, and each of them hereby is, authorized and empowered, in the name and on behalf of the Corporation, to take or cause to be taken all such further actions and to execute and deliver or cause to be executed and delivered, in the name and on behalf of the

FURTHER RESOLVED, that any person dealing with any officer or officers of the Corporation in connection with any of the foregoing matters shall be conclusively entitled to rely upon the authority of such officer and by his execution of any document or agreement, the same shall be a valid and binding obligation of the Corporation enforceable in accordance with its terms.

Signed as of the date first written above.

May M. Shirley	Mary M. Shirley
	Lee K. Benham
	Douglass C. North
	Claude Ménard
	Kenneth Arrow
	Gary D. Libecap
	Elinor Ostrom



FURTHER RESOLVED, that any person dealing with any officer or officers of the Corporation in connection with any of the foregoing matters shall be conclusively entitled to rely upon the authority of such officer and by his execution of any document or agreement, the same shall be a valid and binding obligation of the Corporation enforceable in accordance with its terms.

Signed as of the date first written above.

	•
Les Barleon	Mary M. Shirley Lee K. Benham
	Douglass C. North
	Claude Ménard
	Kenneth Arrow
	Gary D. Libecap
	Elinor Ostrom

	Mary M. Shirley
	Lee K. Benham
1 Reglino in Port ?	Douglass C. Nor
•	Claude Ménard
	Kenneth Arrow
	Gary D. Libecap
	Elinor Ostrom

Jigirea	as of the date first written above.	
		Mary M. Shirley
		Lee K. Benham
		Douglass C. North
	Clara Rent	Claude Ménard
		Kenneth Arrow
		Gary D. Libecap
•		Elinor Ostrom

Signed	as of the date first written above	.	
,,			
ب جن			Mary M. Shirley
		<u> </u>	Lee K. Benham
			Douglass C. North
	Hemthy Un		Claude Ménard
16 -	#	,	Kenneth Arrow
,			Gary D. Libecap
· · · · · · · · · · · · · · · · · · ·			Elinor Ostrom

signed as of the date first written above.	
	•
	Mary M. Shirley
	Lee K. Benham
	Douglass C. North
	Claude Ménard
	Kenneth Arrow
1 11 60	
Jay Pac Y)	Gary D. Libecap
	Elinor Ostrom

FURTHER RESOLVED, that any person dealing with any officer or officers of the Corporation in connection with any of the foregoing matters shall be conclusively entitled to rely upon the authority of such officer and by his execution of any document or agreement, the same shall be a valid and binding obligation of the Corporation enforceable in accordance with its terms.

Signed as of the date first written above.

	And the state of t	Mary M. Shirley
		Lee K. Benham
		Douglass C. North
		- Claude-Ménard
1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 -	東京の書きた 御業 おからゆ しゃ こうこうかい かいかい	Kenneth Arrow
		- Gary D. Libecap
	Elina Octrom	_ Elinor Ostrom

Form **8868**

(Rev. January 2012)

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, comple	te only Pa	art I and check this box			X	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of t	his form	1).		
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed F	orm 8868.		
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	ne to file	(6 months for a cor	poration	
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form	8868 to request an	extension	
	o file any of the forms listed in Part I or Part II with the exc						
Persona	l Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the el	ectronic filing of this	s form,	
visit ww	w.irs.gov/efile and click on e-file for Chanties & Nonprofits						
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies nee	eded).			
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete	€		
Part I or	nly				!	▶ □	
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exte	ension of time		
to file in	come tax returns.		· 		· · · · · · · · · · · · · · · · · · ·		
Type or Name of exempt organization or other filer, see instructions. Employer identification number							
print							
	THE RONALD COASE INSTITUTE			X	<u>43-18855</u>	42	
File by the due date for filing your				Social	secunty number (SS	N)	
return See					 		
instruction	S City, town or post office, state, and ZIP code. For a form GAMBRILLS, MD 21054	reign add	ress, see instructions.				
	GANDKILLO, ND 21034				-		
Enter th	e Return code for the return that this application is for (file	a senara	te application for each return)			0 1	
Littor (ii	e neturn code for the return that this application is for the	, a ocpaia	to application for each return,		• • •	ر کے ا	
Applica	tion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99	10	01	Form 990-T (corporation)			07	
Form 99		02				08	
Form 99		01	Form 4720			09	
Form 99		04	Form 5227			10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	10-T (trust other than above)	06	Form 8870			12	
1 01111 33	MARY M SHIRLEY						
• The i	books are in the care of > 5610 WISCONSIN	AVEN	JE. #1602 - CHEVY (CHAS	E, MD 2081	5	
	phone No. ► 202-258-0564		FAX No. ▶		 '		
	organization does not have an office or place of business	s in the Ur				▶ □	
	s is for a Group Return, enter the organization's four digit			 f this is f	or the whole group	. check this	
box ▶	. If it is for part of the group, check this box						
	equest an automatic 3-month (6 months for a corporation						
			tion return for the organization name		. The extension		
is	for the organization's return for:		-				
	X calendar year 2011 or						
>	tax year beginning	, an	d ending				
		 ·	_				
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return III F	Final retu	ırn		
[Change in accounting period						
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any				
	onrefundable credits. See instructions.			3a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	stimated tax payments made. Include any prior year overp			3ь	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa				T		
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
	. If you are going to make an electronic fund withdrawal v			rm 8879	-EO for payment in	structions.	

Form 8	368 (Rev. 1·2012)					Page :	
	are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II and check this	box		ightharpoons X	
Note. (only complete Part II if you have already been granted an	automatic	3-month extension on a previously fi	led Form 8	3868.		
 If you 	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).				
Part				al (no c	opies ne	eded).	
	<u> </u>					, see instructions	
Type or					Employer identification number (EIN) or		
print	, tame of ottompt of game and the control of the co				, ,		
File by the	THE RONALD COASE INSTITUTE			X	43 - 1	885542	
due date	e for Number, street, and room or suite no. If a P.O. box, see instructions.			Social sec	curity num	ber (SSN)	
filing your return Se	" C/O THE DIETER CROID LIC - 2015 HINTWOOD DR SIIT						
instructio							
	GAMBRILLS, MD 21054						
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
	, , , , , , , , , , , , , , , , , , ,		,				
Applica	ition	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990		01					
Form 990-BL		02	Form 1041-A				
Form 990-EZ		01_	Form 4720	m 4720			
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)			Form 8870		·	12	
STOP!	Do not complete Part II if you were not already granted	d an autor	matic 3-month extension on a prev	iously file	d Form 88	368.	
	MARY M SHIRLEY						
	books are in the care of ▶ 5610 WISCONSIN	AVEN	UE, #1602 - CHEVY	CHASE	, MD	20815	
Tele	phone No. ► 202-258-0564		FAX No. ▶				
• If the	e organization does not have an office or place of busines	s in the Ur	nited States, check this box	٠,,	٠	▶ □	
• If the	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is for	the whole	group, check this	
box 돈	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of	all membe	ers the ext	ension is for.	
4	request an additional 3-month extension of time until	NOVEM	BER 15, 2012.				
5 F	For calendar year 2011, or other tax year beginning, and ending						
6 If	f the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return						
	Change in accounting period						
	State in detail why you need the extension						
	ADDITIONAL TIME IS REQUIRED TO COMPILE BOOKS AND RECORDS IN ORDER TO						
E	FILE A COMPLETE AND ACCURATE RETURN						
				, ,			
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			_	
_	onrefundable credits. See instructions			8a	\$	0.	
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
ta	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					_	
	previously with Form 8868.			8b	\$	0.	
c E	alance due. Subtract line 8b from line 8a. Include your pa	ayment wit	th this form, if required, by using				
E	FTPS (Electronic Federal Tax Payment System). See Instr			8c	\$	0.	
			st be completed for Part II o	_			
Under p	enalties of perjury, I declare that have examined this form, include	ling accomp	panying schedules and statements, and to	the best of	my knowle	dge and belief,	
	, correct, and complete, and that I am authorized to prepare this fo	_			. 1	lalia	
Signatui	e > / Wes. I felal Title > 0	CPA		Date		7//2	
			•		Form	8868 (Rev. 1-2012	