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

Do not enter Social Security numbers on this form as it may be made public.

Open teiPublic Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

| A                       | For the                             | 2013 calendar year, or tax year beginning and ending   |  |
|-------------------------|-------------------------------------|--|--|
|                         | Check if<br>applicable              | C Name of organization   | D Employer identification number   |
|                         | Addres<br>change                    |  |  |
|                         | Name<br>change                      |  | 43-1885542   |
|                         | instial<br>return<br>Termin<br>ated | Number and street (or P.O. box if mail is not delivered to street address) Room/su ROOM/su ROOM/su   | tte E Telephone number 314-862-0351  |
|                         | Ameno                               | City or town, state or province, country, and ZIP or foreign postal code   | G Gross receipts \$ 49,473.  |
|                         | Application pendin                  | 51: HOOLD, MO 03130 4707   | H(a) Is this a group return  |
|                         | penda                               | F Name and address of principal officer: MAKY M SHIKLEY  | for subordinates? Yes X No   |
|                         |                                     | 5610 WISCONSIN AVE, SUITE 1602, CHEVY CHASI  | <del></del>  |
|                         |                                     |  | 27 If "No," attach a list. (see instructions)  |
|                         |                                     | e: WWW.COASE.ORG  organization: X Corporation   Trust   Association   Other > 1. Ye  | H(c) Group exemption number  |
|                         | art I                               | organization: X Corporation  | ear of formation: 2000 M State of legal domicile: MO   |
|                         |                                     |  | CT AND PROMOTE ECONOMIC  |
| Activities & Governance |                                     | RESEARCH ON REAL ECONOMIC SYSTEMS.   |  |
| Ē                       | 2                                   | Check this box   If the organization discontinued its operations or disposed of m  | ore than 25% of its net assets.  |
| 8                       | 3                                   | Number of voting members of the governing body (Part VI, line 1a)  | 3 8  |
| <u>ය</u>                | 4                                   | Number of independent voting members of the governing body (Part VI, line 1b)  | 4 8  |
| 98                      | 5                                   | Total number of individuals employed in calendar year 2013 (Part V, line 2a)   | 5 0  |
| ž                       | 6                                   | Total number of volunteers (estimate if necessary)   | 6 15   |
| Act                     | 7 a                                 | Total unrelated business revenue from Part VIII, column (C), line 12   | 7a 0.  |
|                         | b                                   | Net unrelated business taxable income from Form 990-T, line 34   | 76 0.  |
|                         |                                     | 0.000  | Prior Year Current Year 399, 858. 41, 203.   |
| 9                       | 1                                   | Contributions and grants (Part VIII, line 1h)  | 10,902. 2,465.   |
| Revenue                 |                                     | Program service revenue (Part VIII, line 2g)   | 3,774. 5,805.  |
| æ                       | i                                   | Investment income (Part VIII, column (A), lines 3, 4, and 70 EIVEL   | 0. 3,774.  |
|                         |                                     | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line (2) | 414,534. 49,473.   |
| _                       |                                     |  | 0. 56,597.   |
|                         |                                     | Grants and similar amounts paid (Part IX, column IA), tites 13 3 2014  Benefits paid to or for members (Part IX, column IA), tine 4)                         | 0. 0.  |
| Ø                       | 1                                   | Salarles, other compensation, employee benefits (Part X column (A), lines 5-10)  | 0. 0.  |
| Expenses                | 16a                                 | Professional fundraising fees (Part IX, column (A), line   | 2,317. 4,102.  |
| ğ                       | Ь                                   | Total fundraising expenses (Part IX, column (D), line 25)  4,102.  | The second secon |
| ŵ                       | 17                                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 154,994. 120,374.  |
|                         | 18                                  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 157,311. 181,073.  |
|                         |                                     | Revenue less expenses. Subtract line 18 from line 12   | 257,223131,600.  |
| Net Assets or           |                                     |  | Beginning of Current Year End of Year  |
| SSE                     | 20                                  | Total assets (Part X, line 16)   | 702,148. 570,548.  |
| age of                  | 21                                  | Total liabilities (Part X, line 26)  | 0. 0.  |
|                         |                                     | Net assets or fund balances. Subtract line 21 from line 20   Signature Block   | 702,148. 570,548.  |
| _                       | art II°                             | Ities of perjury, I declare that I have examined this return, including accompanying schedules and state   | aments, and to the heet of my knowledge and heliof it is   |
|                         |                                     | t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa   |  |
|                         | , 00,,00                            | May no Landy   | 10/22/2014   |
| Sig                     | ın l                                | Signature of officer   | Date   |
| He                      |                                     | MARY M SHIRLEY, PRESIDENT  |  |
|                         |                                     | Type or print name and title   |  |
|                         |                                     | Print/Type preparer's name   | Date Check X PTIN  |
| Pa                      | d                                   | ROBERT S DIETERLE Falish   | 10/22/14 self-employed P00227272   |
|                         | parer                               | Firm's name ROBERT S DIETERLE  | Firm's EIN   |
| Us:                     | Only                                | Firm's address 209 HICKMAN STREET  | 200 202 4000   |
|                         |                                     | REHOBOTH BEACH, DE 19971   | Phone no. 302-727-4292   |
| _                       |                                     | 3S discuss this return with the preparer shown above? (see instructions)   |  |
| 332                     | 001 10-2                            | 9-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.  | Form <b>990</b> (2013)   |

|                 | 990 (2013) THE RONALD COASE INSTITUTE  | 43-1885542                             | Page 2        |
|-----------------|--|--|---------------|
| Pai             | t III Statement of Program Service Accomplishments   |  |               |
|                 | Check if Schedule O contains a response or note to any line in this Part III   |  | <u></u>       |
| 1               | Briefly describe the organization's mission:   | NIXI DDADIEMO                          | TAT           |
|                 | TO IMPROVE THE CAPACITY OF SCHOLARS TO STUDY INSTITUTION   |  | IN            |
|                 | THEIR OWN COUNTRIES THROUGH WORKSHOPS AND OTHER EDUCATI  |  | <del></del>   |
|                 | ACTIVITIES & TO CONDUCT AND PROMOTE RESEARCH ON THE INS  | STITUTIONS OF                          |               |
|                 | REAL ECONOMIC SYSTEMS.   |  |               |
| 2               | Did the organization undertake any significant program services during the year which were not listed on   |  | X No          |
|                 | the prior Form 990 or 990-EZ?  | LYes                                   | LAL NO        |
| _               | If "Yes," describe these new services on Schedule O.   |  | X No          |
| 3               | Did the organization cease conducting, or make significant changes in how it conducts, any program services  | ? LYes                                 | L&J No        |
| _               | If "Yes," describe these changes on Schedule O.  |  |               |
| 4               | Describe the organization's program service accomplishments for each of its three largest program services, a  | •                                      |               |
|                 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other   | hers, the total expenses,              | and           |
|                 | revenue, if any, for each program service reported.  (Code ) (Expenses \$ 102,233 • including grants of \$ 56,597 • ) (Reve  | <del> </del>                           | <del></del>   |
| 4a              | (Code ) (Expenses \$ 102,233. including grants of \$ 56,597.) (Reversion of the control of the con | enue \$                                | <del></del> ) |
|                 | RESEARCH ON INSTITUTIONAL ECONOMICS/ALUMNI MENTORING AF  | ND SUPPORT                             |               |
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|                 |  | <del> </del>                           |               |
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|                 |  |  |               |
| 4b              | (Code ) (Expenses \$ 51,689 • including grants of \$ ) (Reve   | enue \$ 2,                             | 465.)         |
|                 | XIAMEN, CHINA WORKSHOP DECMEBER 8-13, 2013   |  | ·             |
|                 |  | ······································ | <del>-</del>  |
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| 4c              |  | enue \$                                | )             |
|                 | SANTIAGO, CHILE WORKSHOP DECMBER 9-15, 2012  |  |               |
|                 |  |  |               |
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| 4d              | Other program services (Describe in Schedule O.)   |  |               |
|                 | (Expenses \$ including grants of \$ ) (Revenue \$  | )                                      |               |
| <u>4e</u>       | Total program service expenses ► 171,299.  |  |               |
|                 | ·  | Form 9                                 | 990 (2013)    |
| 33200<br>10-29- | 2<br>13  |  |               |

| P      | age <b>3</b> |
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|          |  | -       | 163 | 140          |
|----------|--|---------|-----|--------------|
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |         | v   |              |
| _        | If "Yes," complete Schedule A  | 1       | X   |              |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors  | 2       |     |              |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3       |     | x            |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   | 1       |     |              |
|          | during the tax year? If "Yes," complete Schedule C, Part II  | 4       |     | _ <u>X</u> _ |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |         |     | **           |
|          | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5       |     | <u>X</u>     |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |         |     | 7.7          |
|          | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6       |     | <u>X</u>     |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | _       |     | v            |
|          | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7       |     | <u>X</u>     |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |         |     | Х            |
| _        | Schedule D, Part III   | 8       |     |              |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for  |         |     |              |
|          | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  | _       |     | X            |
|          | If "Yes," complete Schedule D, Part IV   | 9       |     |              |
| 10       | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  | 10      |     | X            |
|          | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10      |     |              |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X  |         |     |              |
| _        | as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |         |     |              |
| а        | Part VI  | 11a     | х   |              |
| h        | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |         |     |              |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b     |     | X            |
| c        | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |         |     |              |
| •        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c     |     | X            |
| 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   |         |     |              |
| _        | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d     |     | X            |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e     |     | X            |
|          | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |         |     |              |
|          | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f     |     | X            |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |         |     |              |
|          | Schedule D, Parts XI and XII   | 12a     |     | X            |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year?  |         |     | .,           |
|          | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b     |     | X            |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13      |     | X            |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a     |     | X            |
| 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   | 446     | Х   |              |
| 45       | or more? If "Yes," complete Schedule F, Parts I and IV.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   | 14b     |     |              |
| 15       | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15      |     | х            |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   | .5      |     | <del></del>  |
| 10       | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16      | Х   |              |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | <u></u> |     |              |
| ••       | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17      |     | х            |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |         |     |              |
|          | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18      |     | Х            |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |         |     |              |
|          | complete Schedule G, Part III  | 19      |     | X            |
| 20a      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a     |     | X            |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b     |     |              |
|          |  | Form    | 990 | (2013)       |

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|             | · · · · · · · · · · · · · · · · · · ·   |                | Yes          | No               |
|-------------|---|----------------|--------------|------------------|
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                     |                |              |                  |
|             | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21             |              | Х                |
| 22          | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,     |                |              |                  |
|             | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22             | Х            |                  |
| 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                  |                | 1            |                  |
|             | 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              |                |              |                  |
|             | Schedule K. If "No", go to line 25a   | 24a            |              | X                |
| b           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b            |              |                  |
| 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            |              |                  |
| đ           | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d            |              |                  |
| <b>25</b> a | 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            | <u> </u>     | X                |
| b           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |                |              |                  |
|             | that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete            |                |              |                  |
|             | Schedule L, Part I  | 25b            |              | <u> </u>         |
| 26          | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or           | ŀ              |              |                  |
|             | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,             |                |              |                  |
|             | complete Schedule L, Part II  | 26             | ļ            | 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             |                |              | ٠,,              |
|             | of any of these persons? If "Yes," complete Schedule L, Part III  | 27             | ļ            | <u> </u>         |
| 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               | ì              |              |                  |
|             | instructions for applicable filing thresholds, conditions, and exceptions):   |                |              | v                |
|             | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a            | <del> </del> | X                |
|             | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b            | <del> </del> | _                |
| С           | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, |                |              | х                |
|             | 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             |              | <del>  ^</del> - |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     | 30             |              | х                |
| 0.4         | contributions? If "Yes," complete Schedule M  | 30             |              | <del>  ^</del>   |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I             | 31             |              | х                |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                | <del>  •</del> |              | <del></del> -    |
| 32          | Schedule N, Part II   | 32             |              | х                |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      | T              |              |                  |
| ~           | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33             |              | х                |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       |                |              |                  |
| •           | Part V, line 1  | 34             |              | Х                |
| 35a         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a            |              | X                |
|             | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       |                |              |                  |
|             | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b            |              |                  |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      |                |              |                  |
|             | If "Yes," complete Schedule R, Part V, line 2   | 36             |              | Х                |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |                |              | Ι                |
|             | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37             | L            | X                |
| 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  |                |              |                  |
|             | Note. All Form 990 filers are required to complete Schedule O   | 38             | X            |                  |
|             |   | Form           | 990          | (2013)           |

|     | 990 (2013) THE RONALD COASE INSTITUTE   |            | 43-1885             | 542        | Р   | age : |
|-----|---|------------|---------------------|------------|-----|-------|
| Par |   |            |                     |            |     |       |
|     | Check if Schedule O contains a response or note to any line in this Part V  | •          |                     |            |     | Ļ     |
|     |   |            | _                   |            | Yes | No    |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 1a         | 5                   |            |     | ŀ     |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                     | 1b         | 0                   |            |     | ŀ     |
| C   | Did the organization comply with backup withholding rules for reportable payments to vendors and re-                | eportable  | e gaming            |            |     |       |
|     | (gambling) winnings to prize winners?   |            |                     | 1c         | X   |       |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                         |            |                     |            |     |       |
|     | filed for the calendar year ending with or within the year covered by this return                                   | 2a         | 0                   |            |     |       |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns       | ms?        |                     | 2b         |     |       |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions            | s)         |                     |            |     |       |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                       |            |                     | 3a         |     | X     |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule          | 0          |                     | 3b         |     |       |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other a           | authority  | over, a             |            |     |       |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial              | account)   | ?                   | 4a         | l   | X     |
| b   | If "Yes," enter the name of the foreign country: ▶  |            |                     |            |     |       |
|     | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A              | Accounts   | 3.                  |            |     |       |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?               |            |                     | 5a         |     | X     |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa          | ction?     |                     | 5b         |     | X     |
| С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  |            |                     | 5c         |     |       |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th               | ne organı  | zation solicit      |            |     |       |
|     | any contributions that were not tax deductible as charitable contributions?   |            |                     | 6a         |     | X     |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contribut             | ions or g  | ıfts                |            |     |       |
|     | were not tax deductible?  |            |                     | 6b         |     |       |
| 7   | Organizations that may receive deductible contributions under section 170(c).                                       |            |                     |            |     |       |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices prov | vided to the payor? | 7a         |     | X     |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                     |            |                     | 7b         |     |       |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was            | as requir  | ed                  |            |     |       |
|     | to file Form 8282?  |            |                     | 7c         |     | X     |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d         |                     |            |     |       |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of            | ontract?   |                     | 7e         |     | X     |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr            | act?       |                     | <b>7</b> f |     | X     |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Fo        | rm 8899    | as required?        | 7g         |     |       |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization      | ation file | a Form 1098-C?      | 7h         |     |       |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di         | d the sup  | porting             |            |     |       |
|     | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at     | any time c | furing the year?    | 8          |     |       |
| 9   | Sponsoring organizations maintaining donor advised funds.   |            |                     |            |     |       |
| а   | Did the organization make any taxable distributions under section 4966?   |            |                     | 9a         |     |       |
| þ   | Did the organization make a distribution to a donor, donor advisor, or related person?                              |            |                     | 9b         |     |       |
| 10  | Section 501(c)(7) organizations. Enter:   |            |                     |            |     |       |
| 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        |                     |            |     |       |
| 11  | Section 501(c)(12) organizations. Enter   |            |                     |            |     |       |
| а   | Gross income from members or shareholders   | 11a        |                     |            |     |       |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against                            |            |                     |            |     |       |
|     | amounts due or received from them.)   | 11b        |                     |            |     |       |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                | 1041?      |                     | 12a        |     |       |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                               | 12b        | <u></u>             |            |     |       |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  |            |                     |            |     |       |
| а   | Is the organization licensed to issue qualified health plans in more than one state?                                |            |                     | 13a        |     |       |
|     | Note. See the instructions for additional information the organization must report on Schedule O.                   |            |                     | -          |     |       |
| b   | 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  | 13b        |                     |            |     |       |

X 14a Form **990** (2013)

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c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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 or note to any line in this Part VI  | * .**      |       | X           |
|------------|--|------------|-------|-------------|
| <u>Sec</u> | tion A. Governing Body and Management  |            |       |             |
|            |  |            | Yes   | No          |
| 1a         | The fact the flamber of voting mornbord of the governing body at the order of the tax year.  | 3          |       |             |
|            | If there are material differences in voting rights among members of the governing body, or if the governing  |            |       |             |
|            | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  |            |       |             |
| b          | and the flames of roung floring and flames of the desired floring flor | ]          |       |             |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |            | v     |             |
| _          | officer, director, trustee, or key employee?   | 2          | Х     |             |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision  | ١.         |       | v           |
| _          | of officers, directors, or trustees, or key employees to a management company or other person?   | 3          |       | X           |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4          |       | X           |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 6          |       | X           |
| 6          | Did the organization have members or stockholders?   | <b>├</b> ° |       |             |
| /a         | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   | <b> </b>   |       | х           |
|            | more members of the governing body?  | 7a         |       |             |
| D          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   | 7.         |       | x           |
| _          | persons other than the governing body?   | 7b         |       |             |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |            | х     |             |
| a          | The governing body?  | 8a<br>8b   | Α     | X           |
| þ          | Each committee with authority to act on behalf of the governing body?  | 60         |       |             |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   | 9          |       | Х           |
| Sac        | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  | 1 3        |       |             |
| Sec        | tion b. Folicies (This Section B requests information about policies not required by the internal nevenue code.)   |            | Yes   | No          |
| 100        | Did the organization have local chapters, branches, or affiliates?   | 10a        | 163   | X           |
|            | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   | 100        |       | <del></del> |
|            | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b        |       |             |
| 11a        | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?   | 11a        | Х     |             |
|            | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |            |       |             |
| 12a        |  | 12a        | х     |             |
| b          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b        | X     |             |
|            | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   | <u> </u>   |       | _           |
| •          | in Schedule O how this was done  | 12c        | х     |             |
| 13         | Did the organization have a written whistleblower policy?  | 13         |       | X           |
| 14         | Did the organization have a written document retention and destruction policy?   | 14         |       | X           |
| 15         | Did the process for determining compensation of the following persons include a review and approval by independent   |            |       |             |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |            |       |             |
| а          | The organization's CEO, Executive Director, or top management official   | 15a        |       | 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).  |            |       |             |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |            |       |             |
|            | taxable entity during the year?  | 16a        |       | X           |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   |            |       |             |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |            |       |             |
|            | exempt status with respect to such arrangements?   | 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)   | avaılab    | le    |             |
|            | for public inspection. Indicate how you made these available. Check all that apply.  |            |       |             |
|            | Own website Another's website X Upon request Other (explain in Schedule O)   |            |       |             |
| 19         | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a   | nd finar   | ncıal |             |
|            | 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 organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person of the person who person of the person of t | ation: 🕨   |       |             |
|            | MARY M SHIRLEY - 202-258-0564  |            |       |             |
|            | 5610 WISCONSIN AVENUE, #1602, CHEVY CHASE, MD 20815  |            |       |             |
| 33300      | 6 10-20-13   | Form       | 990   | (2013)      |

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

Check if Schedule O contains a response or note to any line 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.
- 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)<br>Name and Title         | (B)<br>Average  | (do   | not d  | (C<br>Posi<br>neck i | tion         | l<br>than                       | one         | <b>(D)</b><br>Reportable        | ( <b>E</b> )<br>Reportable              | (F)<br>Estimated                                |
|-------------------------------|---|---|--|----------------------|--------------|---------------------------------|-------------|---------------------------------|---|---|
|                               | hours per<br>week<br>(list any                          | offic                                       | (do not check more the box, unless person is officer and a director/ |                      |              | is bot<br>vr/trus               | hen<br>tee) | compensation<br>from<br>the     | compensation from related organizations | amount of other compensation                    |
|                               | hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director              | institutional trustee  | Officer              | Key employee | Highest compensated<br>employee | Former      | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC)                         | from the organization and related organizations |
| (1) MARY M SHIRLEY            | 30.00   |   |  |                      |              |                                 |             | _                               | _                                       |   |
| PRESIDENT / DIRECTOR          |   | Х   |  | Х                    |              |                                 |             | 0.                              | 0.                                      | 0.  |
| (2) CLAUDE MENARD             | 5.00  |   |  |                      |              |                                 |             | _                               |   | _   |
| TREASURER / DIRECTOR          | 40.00   | X   |  | X                    |              | ļ                               |             | 0.                              | 0.                                      | 0.  |
| (3) LEE K BENHAM              | 10.00   |   |  |                      |              |                                 |             |                                 |   |   |
| DIRECTOR                      | 1 00  | X   |  |                      |              | ļ                               |             | 0.                              | 0.                                      | 0.  |
| (4) DOUGLASS C NORTH          | 1.00  | <u>,                                   </u> |  |                      |              | ]                               |             | 0.                              | 0.                                      |   |
| DIRECTOR                      | 1.00  | X   |  |                      | -            |                                 |             | U.                              | 0.                                      | 0.  |
| (5) KENNETH ARROW<br>DIRECTOR | 1.00  | х   |  |                      |              |                                 |             | 0.                              | 0.                                      | 0.  |
| (6) GARY D. LIBECAP           | 1.00  | ^   |  | -                    |              | ┢                               |             | 0.                              | 0.                                      | •   |
| DIRECTOR                      | 1.00  | х   |  |                      |              |                                 |             | 0.                              | 0.                                      | 0.  |
| (7) PHILIP KEEFER             | 1.00  |   |  | -                    |              | ┢                               |             |                                 |   |   |
| DIRECTOR                      |   | x   |  |                      |              | ļ                               |             | 0.                              | 0.                                      | 0.  |
| (8) SAM PELTZMAN              | 1.00  |   | _  |                      |              | Г                               |             | <del></del>                     |   | -   |
| DIRECTOR                      |   | X   |  |                      |              | 1                               |             | 0.                              | 0.                                      | 0.  |
| (9) ALEXANDRA L H BEHNAM      | 30.00   |   |  |                      |              |                                 |             |                                 |   |   |
| SECRETARY                     |   |   |  | X                    |              |                                 |             | 0.                              | 0.                                      | 0.  |
|                               |   |   |  |                      |              |                                 |             |                                 |   |   |
|                               |   |   |  |                      |              | <del> </del>                    |             |                                 |   |   |
|                               |   | -   |  |                      |              | <del> </del>                    |             |                                 |   |   |
|                               |   |   |  |                      |              | _                               | -           |                                 |   |   |
|                               |   |   |  |                      |              |                                 |             |                                 |   |   |
|                               |   |   |  |                      |              |                                 |             |                                 |   |   |
|                               |   |   |  |                      |              |                                 |             |                                 |   |   |
|                               |   | _   |  | -                    | _            | $\vdash$                        | _           |                                 |   |   |
|                               |   | _   | _  | _                    | _            | ⊢                               | _           |                                 |   | ·   |
|                               |   |   |  |                      |              |                                 |             |                                 |   |   |
|                               | I   | 1   |  | 1                    | I            | 1                               |             | 1 .                             | .1                                      | 1   |

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| - 4. Cilicers, Directors, Trus  | Tocs, Itoy Em         | <del>5.07</del>     | 003                   | , a       | 4 111        | gile                         | <u> </u>    | ompensated Employe              | es (continuco)          |  |                     |        |
|---|-----------------------|---------------------|-----------------------|-----------|--------------|------------------------------|-------------|---------------------------------|-------------------------|--|---------------------|--------|
| · (A)   | (B)                   |                     |                       | ()<br>Pos | C)<br>Hior   |                              |             | (D)                             | (E)                     | ١ ـ  | (F)                 | _      |
| Name and title  | Average hours per     |                     | not c                 | heck      | more         | than<br>is bot               |             | Reportable compensation         | Reportable compensation |  | stimat<br>mount     |        |
|   | week                  | offic               | cer an                | d a d     | recto        | y/trus                       | tee)        | from                            | from related            | "  | other               |        |
|   | (list any             | sctor               |                       |           |              |                              |             | the                             | organizations           | con  | npensa              | ation  |
|   | hours for             | trustee or director |                       |           |              | ig<br>ig                     | 1           | organization                    | (W-2/1099-MISC)         |  | from th             |        |
|   | related organizations | ustee               | fust                  |           | , e          | Suadi                        |             | (W-2/1099-MISC)                 |                         |  | ganıza:             |        |
|   | below                 | laal<br>T           | tional                |           | ptoye        | st com                       | l _         |                                 |                         | 1  | nd relat<br>janizat |        |
|   | line)                 | Individual          | institutional trustee | Officer   | Key emptoyee | Highest compensated employee | E E         |                                 |                         |  | ,                   |        |
|   |                       |                     |                       |           |              |                              |             |                                 |                         |  |                     |        |
|   | <u> </u>              | $\vdash$            | _                     |           | _            | _                            |             |                                 |                         | +  |                     |        |
|   |                       | 1                   |                       |           |              |                              |             |                                 |                         |  |                     |        |
|   |                       |                     |                       |           |              |                              |             |                                 |                         |  |                     |        |
|   |                       | H                   |                       | $\vdash$  | -            |                              |             |                                 |                         | +  |                     |        |
|   |                       |                     |                       | _         |              | _                            | _           |                                 |                         | ┿  |                     |        |
|   |                       |                     |                       |           |              |                              |             |                                 |                         |  |                     |        |
|   |                       | -                   |                       |           |              |                              |             |                                 |                         |  |                     |        |
|   |                       | H                   |                       |           |              | -                            | <u> </u>    |                                 |                         | <del>                                     </del> |                     |        |
|   | <u> </u>              |                     | _                     | _         | -            | $\vdash$                     | -           |                                 |                         | +-   |                     |        |
|   |                       | Ш                   |                       |           |              |                              | L           |                                 |                         |  |                     |        |
|   |                       | 1                   |                       |           |              |                              |             |                                 |                         |  |                     |        |
| 1b Sub-total  |                       |                     |                       | L         | L            | ····                         | <b>&gt;</b> | 0.                              | 0                       |  |                     | 0.     |
| c Total from continuation sheets to Part V  | II, Section A         |                     |                       |           |              |                              |             | 0.                              | 0                       |  |                     | 0.     |
| d Total (add lines 1b and 1c)   |                       |                     |                       |           |              |                              | <u> </u>    | 0.                              | 0                       | <u></u>  |                     | 0.     |
| 2 Total number of individuals (including but i                                    | not limited to th     | nose                | liste                 | ed a      | bov          | e) wi                        | no re       | eceived more than \$100         | 0,000 of reportable     |  |                     | C      |
| compensation from the organization  |                       |                     |                       |           |              |                              |             |                                 |                         |  | Yes                 | No     |
| 3 Did the organization list any former officer                                    | director, or tri      | uste                | e, ke                 | ev er     | npic         | vee                          | , or l      | highest compensated e           | mployee on              |  | 1                   |        |
| line 1a? If "Yes," complete Schedule J for  |                       |                     |                       | •         |              |                              | •           |                                 |                         | 3  |                     | X      |
| 4 For any individual listed on line 1a, is the s                                  | um of reportab        | le co               | omp                   | ensa      | atior        | n and                        | d otl       | her compensation from           | the organization        |  |                     |        |
| and related organizations greater than \$15                                       |                       |                     |                       |           |              |                              |             |                                 |                         | 4  |                     | X      |
| 5 Did any person listed on line 1a receive or                                     |                       |                     |                       |           |              |                              | elat        | ed organization or indiv        | idual for services      |  |                     |        |
| rendered to the organization? If "Yes," con<br>Section B. Independent Contractors | nplete Schedul        | e J f               | or s                  | uch       | per          | son                          |             | • • •                           |                         | 5  | <u> </u>            | X      |
| Complete this table for your five highest co                                      | ompensated in         | depe                | ende                  | ent c     | ont          | racto                        | ors t       | hat received more than          | \$100,000 of compe      | nsation  | from                |        |
| the organization. Report compensation for   | the calendar y        | ear e               | endi                  | ing v     | vith         | or w                         | rithır<br>T |                                 | year.                   |  | <u>~</u>            |        |
| (A)<br>Name and business  | s address             | N(                  | INC                   | E         |              |                              |             | ( <b>B)</b><br>Description of s | services                | Comp   | C)<br>ensatio       | on     |
|   |                       |                     |                       |           |              |                              |             |                                 |                         |  | ·                   |        |
|   |                       |                     |                       |           |              |                              | $\dashv$    |                                 |                         |  |                     |        |
|   |                       |                     |                       | ·         |              | <del></del>                  | 4           |                                 |                         |  |                     |        |
|   |                       |                     |                       |           |              |                              |             |                                 |                         |  |                     |        |
|   |                       |                     |                       |           |              |                              |             |                                 |                         |  |                     |        |
|   |                       |                     |                       |           |              |                              | $\dashv$    |                                 |                         |  |                     |        |
| 2 Total number of independent contractors   | (including but r      | not le              | mıte                  | ed to     |              |                              | stec        | d above) who received n         | nore than               |  |                     |        |
| \$100,000 of compensation from the organ  | ization 🕨             |                     |                       | _         |              | 0                            |             |                                 |                         |  |                     |        |
| 332008<br>10-29-13  |                       |                     |                       |           |              |                              |             |                                 |                         | Form   | 990                 | (2013) |

| Га   | •  |             | Check if Schedule O contains a  | response                              | or note to any lin | e in this Part VIII |  |                                |  |
|--|----|-------------|---|---------------------------------------|--------------------|---------------------|--|--------------------------------|--|
| <del> , - ,</del>                                      |    |             | Gridding Communication  |                                       | or received y      | (A) Total revenue   | (B) Related or exempt function revenue           | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| its its  | 1  | а           | Federated campaigns   | 1a                                    |                    |                     |  |                                |  |
| اجيز   |    |             | Membership dues   | 1b                                    |                    |                     | ļ  |                                |  |
| الْجُ رُ   |    | С           | Fundraising events  | 1c                                    |                    |                     | j  |                                |  |
| 業計   |    |             | Related organizations   | 1d                                    |                    |                     |  |                                |  |
| Contributions, Gifts, Grants and Other Similar Amounts |    |             | Government grants (contributions)   | 1e                                    | -                  |                     |  |                                |  |
| ig iz  |    |             | All other contributions, gifts, grants, and   |                                       |                    |                     |  |                                |  |
| 돌림   |    | •           | similar amounts not included above  | 1f                                    | 41,203.            |                     |  |                                |  |
| 풀이   |    |             | Noncash contributions included in lines 1a-1f \$  |                                       | 21,871.            |                     |  |                                |  |
| 25   |    | _           | Total. Add lines 1a-1f  |                                       | <u> </u>           | 41,203.             |  |                                |  |
| -  |    | <del></del> | Total / Total | <del>-</del>                          | Business Code      |                     |  | <del></del>                    | · · · · · · · · · · · · · · · · · · ·              |
|  | 2  | 9           | WORKSHOP FEES   |                                       | 900099             | 2,465.              | 2,465.   |                                |  |
| Š  | _  | _           | MONTE TEE   |                                       | - 3000             |                     |  | ~~                             |  |
| <b>15</b> 5  |    | b           | <del></del>   | <u>-</u>                              | <del></del>        |                     |  |                                | <del></del>  |
| EŞ   |    | C           |   |                                       | -                  |                     |  |                                | <del></del>  |
| Program Service<br>Revenue                             |    | d           |   | <del></del>                           | <del> </del>       |                     | <del></del>                                      |                                |  |
| 2  |    | e           | All other are many and the second   |                                       |                    |                     |  |                                |  |
| _  |    | T<br>       | All other program service revenue   |                                       |                    | 2,465.              | · · · · · · · · · · · · · · · · · · ·            | <del></del>                    |  |
| $\dashv$   |    | 9           | Total. Add lines 2a-2f  | odo intor                             | act and            | 2,203.              |  |                                |  |
|  | 3  |             | Investment income (including divide   | ius, inter                            | est, and           | 5,805.              |  |                                | 5,805.   |
|  |    |             | other similar amounts)  |                                       |                    | 3,003.              |  |                                | 3,003.   |
|  | 4  |             | Income from investment of tax-exem  | pt bona j                             | proceeds           |                     |  |                                |  |
|  | 5  |             | Royalties   |                                       | (2 Damana)         |                     |  |                                |  |
|  | _  |             | <del> </del>  | Real                                  | (ii) Personal      |                     | [  |                                |  |
|  | 6  |             | Gross rents   |                                       |                    |                     |  |                                |  |
|  |    |             | Less: rental expenses   |                                       |                    |                     |  |                                |  |
| }  |    |             | Rental income or (loss)   |                                       |                    |                     | }  |                                | İ  |
| ļ  |    |             | Net rental income or (loss)   |                                       | <u> </u>           |                     |  |                                |  |
|  | 7  | а           | <del></del>   | ecurities                             | (ii) Other         |                     |  |                                |  |
|  |    |             | assets other than inventory   | <del> </del>                          |                    |                     |  |                                |  |
|  |    | b           | Less: cost or other basis   |                                       | 1                  |                     |  |                                |  |
| i  |    |             | and sales expenses  |                                       |                    |                     |  |                                | ł  |
|  |    |             | Gain or (loss)  |                                       |                    |                     |  |                                |  |
| 1  |    | d           | Net gain or (loss)  |                                       | ▶                  |                     |  |                                |  |
| Other Revenue  | 8  | a           | Gross income from fundraising even including \$   | ts (not<br>of                         | ļ                  |                     |  |                                |  |
| ě  |    |             | contributions reported on line 1c) S  | ee                                    |                    |                     |  |                                |  |
| <u> </u>   |    |             | Part IV, line 18  | а                                     | 1                  |                     |  |                                |  |
| Ě  |    | b           | Less: direct expenses   | b                                     |                    |                     |  |                                |  |
| ١  |    | С           | Net income or (loss) from fundraising   | events                                | <b>&gt;</b>        |                     |  |                                | L  |
|  | 9  | а           | Gross income from gaming activities   | . See                                 |                    |                     |  |                                |  |
|  |    |             | Part IV, line 19  | а                                     | · []               |                     |  |                                |  |
|  |    | b           | Less. direct expenses   | b                                     | ,                  |                     |  |                                |  |
|  |    |             | Net income or (loss) from gaming ac   | tivities                              | . •                |                     |  |                                |  |
|  |    |             | Gross sales of inventory, less return   |                                       |                    |                     |  |                                |  |
|  |    |             | and allowances  | а                                     | ,  .               |                     |  |                                | İ  |
|  |    | b           | Less: cost of goods sold  | b                                     |                    |                     | }  |                                |  |
|  |    |             | Net income or (loss) from sales of in-  | ventory                               | <b>•</b>           |                     |  |                                |  |
|  |    | _           | Miscellaneous Revenue   |                                       | Business Code      |                     |  |                                |  |
|  | 11 | a           |   |                                       |                    |                     |  |                                | 1  |
|  |    | ь           |   |                                       |                    |                     |  |                                |  |
|  |    | C           |   |                                       |                    |                     |  |                                |  |
|  |    | ہ           | All other revenue   |                                       | <u> </u>           |                     |  |                                |  |
|  |    | u<br>c      | Total. Add lines 11a-11d  |                                       |                    |                     | <del>                                     </del> |                                |  |
|  | 4. | e           | Total revenue. See instructions.  |                                       |                    | 49,473.             | 2,465.   | 0.                             | 5,805.   |
| 33200<br>10-29   | 9  |             | TOTAL TOTOLIST. OCC IIISU UCUOIIS.  | · · · · · · · · · · · · · · · · · · · |                    | 20, 27, 30          | 2, 2001  | <u></u>                        | Form <b>990</b> (2013)                             |

Form 990 (2013) THE RONALD COASE INSTITUTE
Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must com  | plete all columns. All otl            | ner organizations must co             | omplete column (A).                   |                                       |
|-------|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
|       | Check if Schedule O contains a respon  |                                       |                                       |                                       |                                       |
|       | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                   | (A)<br>Total expenses                 | (B) Program service expenses          | (C) Management and general expenses   | (D) Fundraising expenses              |
| 1     | Grants and other assistance to governments and   |                                       | •                                     | <u> </u>                              | <u> </u>                              |
| •     | 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  | 30,000.                               | 30,000.                               |                                       |                                       |
| 3     | Grants and other assistance to governments,  | 00,000                                | 00,000                                | · · · · · · · · · · · · · · · · · · · |                                       |
| 3     | organizations, and individuals outside the   |                                       |                                       |                                       |                                       |
|       | United States. See Part IV, lines 15 and 16  | 26,597.                               | 26,597.                               | j                                     |                                       |
|       | •  | 20,3376                               | 20,337.                               |                                       |                                       |
| 4     | Benefits paid to or for members  |                                       |                                       |                                       | <del></del>                           |
| 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 403(b) employer contributions)  | · · · · · · · · · · · · · · · · · · · |                                       | ····-                                 |                                       |
| 9     | Other employee benefits  | · · · · · · · · · · · · · · · · · · · |                                       |                                       |                                       |
| 10    | Payroll taxes  |                                       | *****                                 |                                       |                                       |
| 11    | Fees for services (non-employees):   |                                       |                                       |                                       |                                       |
| a     | Management   |                                       |                                       |                                       |                                       |
| b     | Legal  |                                       |                                       |                                       |                                       |
| С     | Accounting   | 3,865.                                |                                       | 3,865.                                |                                       |
| d     | Lobbying   |                                       |                                       |                                       |                                       |
| е     | Professional fundraising services. See Part IV, line 17                                      | 4,102.                                |                                       |                                       | 4,102.                                |
| f     | Investment management fees   |                                       |                                       |                                       |                                       |
| g     | Other. (If line 11g amount exceeds 10% of line 25,   |                                       |                                       |                                       |                                       |
| _     | column (A) amount, list line 11g expenses on Sch O.)   |                                       |                                       |                                       |                                       |
| 12    | Advertising and promotion  |                                       |                                       |                                       |                                       |
| 13    | Office expenses  |                                       |                                       |                                       |                                       |
| 14    | Information technology   |                                       |                                       |                                       | <del></del>                           |
| 15    | Royalties .  |                                       |                                       |                                       |                                       |
| 16    | Occupancy  |                                       |                                       |                                       |                                       |
| 17    | Travel   | 73,324.                               | 73,324.                               |                                       |                                       |
| 18    | Payments of travel or entertainment expenses   | •                                     | •                                     |                                       | · · · · · · · · · · · · · · · · · · · |
|       | for any federal, state, or local public officials  |                                       |                                       |                                       |                                       |
| 19    | Conferences, conventions, and meetings   | 19.                                   | <del> </del>                          | 19.                                   |                                       |
| 20    | Interest   |                                       |                                       |                                       | -                                     |
| 21    | Payments to affiliates   |                                       |                                       |                                       | · <del>,</del>                        |
| 22    | Depreciation, depletion, and amortization  | 69.                                   |                                       | 69.                                   | · · · · · · · · · · · · · · · · · · · |
| 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.) |                                       |                                       | 1                                     |                                       |
| а     | CONSULTANTS  | 35,975.                               | 34,713.                               | 1,262.                                |                                       |
| b     | MISCELLANEOUS  | 4,011.                                | 4,184.                                | -173.                                 |                                       |
| C     | SUPPLIES   | 2,481.                                | 2,481.                                |                                       | <del></del>                           |
| d     | EDUCATIONAL & NETWORKIN  | 513.                                  | -, -, -, -,                           | 513.                                  |                                       |
| _     | All other expenses   | 117.                                  |                                       | 117.                                  |                                       |
| 25    | Total functional expenses. Add lines 1 through 24e   | 181,073.                              | 171,299.                              | 5,672.                                | 4,102.                                |
| 26    | Joint costs. Complete this line only if the organization                                     |                                       |                                       | 3,0,20                                | -, - 0 - 0                            |
| 20    | reported in column (B) joint costs from a combined   |                                       |                                       |                                       |                                       |
|       | educational campaign and fundraising solicitation.   |                                       |                                       |                                       |                                       |
|       |  |                                       |                                       |                                       |                                       |
|       |  |                                       |                                       |                                       | Form <b>990</b> (2013)                |
| 33201 | D 10-29-13   |                                       |                                       |                                       | roim 220 (2013)                       |

| Part X  | Balance Sneet   |                          |     |                       |
|---|---|--------------------------|-----|-----------------------|
| •   | Check if Schedule O contains a response or note to any line in this Part X      |                          | ,   |                       |
|   |   | (A)<br>Beginning of year |     | (B)<br>End of year    |
| 1   | Cash · non-interest-bearing   | 82,122.                  | 1   | 61,006.               |
| 2   | Savings and temporary cash investments  | 619,957.                 | 2   | 509,542.              |
| 3   | Pledges and grants receivable, net  |                          | 3   |                       |
| 4   | Accounts receivable, net  |                          | 4   |                       |
| 5   | Loans and other receivables from current and former officers, directors,        |                          |     |                       |
|   | trustees, key employees, and highest compensated employees. Complete            |                          |     |                       |
|   | Part II of Schedule L   |                          | 5   |                       |
| 6   | Loans and other receivables from other disqualified persons (as defined ur      | nder                     |     |                       |
|   | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib    | uting                    | 1   |                       |
| ļ   | employers and sponsoring organizations of section 501(c)(9) voluntary           |                          | ļi  |                       |
| 2   | employees' beneficiary organizations (see instr). Complete Part II of Sch L     |                          | 6   |                       |
| 7   | Notes and loans receivable, net   | _                        | 7   |                       |
| ž   8   | Inventories for sale or use   |                          | 8   |                       |
| 9   | Prepaid expenses and deferred charges   |                          | 9   |                       |
| 10a   | Land, buildings, and equipment: cost or other                                   |                          |     |                       |
|   | basis, Complete Part VI of Schedule D 10a 2, 6                                  | 07.                      |     |                       |
| Ь   | Less: accumulated depreciation 10b 2,6  | <del>07.</del> 69.       | 10c | 0.                    |
| 11  | Investments - publicly traded securities  |                          | 11  |                       |
| 12  | Investments - other securities. See Part IV, line 11                            |                          | 12  |                       |
| 13  | Investments - program-related. See Part IV, line 11                             |                          | 13  |                       |
| 14  | Intangible assets   |                          | 14  |                       |
| 15  | Other assets. See Part IV, line 11  |                          | 15  |                       |
| 16  | Total assets. Add lines 1 through 15 (must equal line 34)                       | 702,148.                 | 16  | 570,548.              |
| 17  | Accounts payable and accrued expenses   |                          | 17  |                       |
| 18  | Grants payable  |                          | 18  |                       |
| 19  | Deferred revenue  |                          | 19  |                       |
| 20  | Tax-exempt bond liabilities   |                          | 20  |                       |
| 21  | Escrow or custodial account liability. Complete Part IV of Schedule D           |                          | 21  |                       |
|   | Loans and other payables to current and former officers, directors, trustee     | s,                       |     |                       |
|   | key employees, highest compensated employees, and disqualified person           | 1                        |     |                       |
|   | Complete Part II of Schedule L  |                          | 22  |                       |
| 23 ا  | Secured mortgages and notes payable to unrelated third parties                  |                          | 23  |                       |
| 24  | Unsecured notes and loans payable to unrelated third parties                    |                          | 24  |                       |
| 25  | Other liabilities (including federal income tax, payables to related third      |                          |     | -                     |
|   | parties, and other liabilities not included on lines 17-24). Complete Part X of | ıf                       |     |                       |
|   | Schedule D  |                          | 25  |                       |
| 26  | Total liabilities. Add lines 17 through 25                                      | 0.                       | 26  | 0.                    |
|   |   | ind                      |     |                       |
| က္  | complete lines 27 through 29, and lines 33 and 34.                              |                          |     |                       |
| ဥ္မီ   27   | Unrestricted net assets   |                          | 27  |                       |
| Net Assets or Fund Balances 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Temporarily restricted net assets   |                          | 28  | <del></del>           |
| 29  | Permanently restricted net assets   |                          | 29  |                       |
|   | Organizations that do not follow SFAS 117 (ASC 958), check here ▶□              | X                        |     |                       |
|   | and complete lines 30 through 34.   |                          |     |                       |
| g 30  | Capital stock or trust principal, or current funds                              | 0.                       | 30  | 0.                    |
| 31  | Paid-in or capital surplus, or land, building, or equipment fund                | 0.                       | 31  | 0.                    |
| 32  | Retained earnings, endowment, accumulated income, or other funds                | 702,148.                 |     | 570,548.              |
| 2 33  | Total net assets or fund balances   | 702,148.                 |     | 570,548.              |
| 34  | Total liabilities and net assets/fund balances                                  | 702,148.                 |     | 570,548.              |
|   | rotal liabilitios and not association balances                                  |                          |     | Form <b>990</b> (2013 |

Form **990** (2013)

| _ <b>&gt;</b> | MUE DONALD COACE INCOME   | 42 1005                               | <b>-40</b>   |       |               |
|---------------|---|---------------------------------------|--------------|-------|---------------|
|               | 990 (2013) THE RONALD COASE INSTITUTE   | 43-1885                               | 542          | Pag   | <u>je 12</u>  |
| Pai           | t XI Reconciliation of Net Assets   |                                       |              |       | $\overline{}$ |
|               | Check if Schedule O contains a response or note to any line in this Part XI   |                                       | <del></del>  |       | <u> </u>      |
|               | Tatal revenue (revet acres Ded VIII and rese (A) Greet (A)  |                                       | 40           | , 4'  | 72            |
| 1             | Total evenue (must equal Part VIII, column (A), line 12)  | 2                                     | 181          |       |               |
| 2             | Total expenses (must equal Part IX, column (A), line 25)  | 3                                     | -131         |       |               |
| 3             | Revenue less expenses. Subtract line 2 from line 1  | 4                                     | 702          |       |               |
| 4             | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                           |                                       | 702          | , 1.  | ¥0.           |
| 5             | Net unrealized gains (losses) on investments  | 5                                     | <del></del>  |       |               |
| 6             | Donated services and use of facilities  | 6                                     |              |       |               |
| 7             | Investment expenses   | 7                                     |              |       |               |
| 8             | Prior penod adjustments   | 8                                     |              |       | 0.            |
| 9             | Other changes in net assets or fund balances (explain in Schedule O)  | 9                                     |              |       | <u> </u>      |
| 10            | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                  |                                       | E 77.0       | _     | 4.0           |
| D             | column (B))   | 10                                    | 570          | , 54  | 48.           |
| Pai           | t XII Financial Statements and Reporting  |                                       |              |       |               |
|               | Check if Schedule O contains a response or note to any line in this Part XII  |                                       | <del></del>  | 1     | <u></u>       |
|               | ₩   |                                       | <u>-   `</u> | Yes   | No            |
| 1             | Accounting method used to prepare the Form 990: X Cash Accrual Other  |                                       | 1 1          | ]     |               |
|               | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule      | O.                                    |              |       |               |
| 2a            | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |                                       | 2a           | X     |               |
|               | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | on a                                  |              |       |               |
|               | separate basis, consolidated basis, or both:  |                                       |              |       |               |
|               | Separate basis Consolidated basis Both consolidated and separate basis  |                                       |              |       |               |
| b             | Were the organization's financial statements audited by an independent accountant?                                  |                                       | 2b           |       | <u> </u>      |
|               | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate    | basis,                                |              | l     |               |
|               | consolidated basis, or both.  |                                       |              |       |               |
|               | Separate basis Consolidated basis Both consolidated and separate basis  |                                       |              | l     |               |
| C             | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | audit,                                |              |       |               |
|               | review, or compilation of its financial statements and selection of an independent accountant?                      | •                                     | 2c           |       | <u>X</u>      |
|               | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  | dule O.                               | 1            |       |               |
| 3a            | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audıt                             |              |       |               |
|               | Act and OMB Circular A-133?   |                                       | 3a           |       | <u>X</u>      |
| b             | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi  | ed audit                              |              |       |               |
|               | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                            | · · · · · · · · · · · · · · · · · · · | 3b           |       |               |
|               |   |                                       | Form 9       | 90 (2 | 2013)         |

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# 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.

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

Inspection

Name of the organization

Employer identification number

|   | -  | THE RON                               | ALD COASE IN   | STITU   | TE                 |                   |                     |                    | 4                 | 3-1885542                |          |
|---|--|---------------------------------------|--|---|--------------------|-------------------|---------------------|--------------------|-------------------|--------------------------|----------|
| Part I  | Reason   | or Public Char                        | ity Status (All organiza                                   | ations mu:  | st complet         | e this part       | .) See inst         | ructions.          |                   |                          |          |
| he organ  | zation is not a  | pπvate foundation l                   | because it is. (For lines 1                                | through 1   | 11, check          | only one b        | ox.)                |                    |                   |                          | _        |
| 1 🔲   | A church, cor  | nvention of churches                  | s, or association of churc                                 | ches desc   | ribed ın <b>se</b> | ction 170         | (b)(1)(A)(i)        | •                  |                   |                          |          |
| 2 🔲   | A school desc  | cribed in section 17                  | '0(b)(1)(A)(ii). (Attach Scl                               | hedule E.)  |                    |                   |                     |                    |                   |                          |          |
| з 🔲   | A hospital or  | a cooperative hospit                  | tal service organization o                                 | tescribed i   | in <b>section</b>  | 170(b)(1)(        | A)(iii).            |                    |                   |                          |          |
| 4 🔲   | A medical res  | earch organization of                 | operated in conjunction                                    | with a hos  | pıtal desci        | nbed in <b>se</b> | ction 170           | (b)(1)(A)(ii       | i). Enter 1       | the hospital's name,     |          |
|   | city, and state  |                                       | · · · · · ·  |   |                    |                   |                     |                    |                   |                          | _        |
| 5 📖   | An organizate  | on operated for the                   | benefit of a college or ur                                 | niversity ov  | wned or op         | perated by        | a governr           | nental uni         | t descnb          | ed in                    |          |
|   | section 170(   | <b>(b)(1)(A)(iv).</b> (Comple         | ete Part II.)  |   |                    |                   |                     |                    |                   |                          |          |
| 6 🖳   | A federal, sta   | te, or local governm                  | ent or governmental unit                                   | described   | d in <b>sectio</b> | n 170(b)(1        | )(A)(v).            |                    |                   |                          |          |
| 7 LX  | An organizate  | on that normally rec                  | eives a substantial part o                                 | of its supp   | ort from a         | governme          | ntal unit o         | r from the         | general           | public described in      |          |
|   |  | b)(1)(A)(vi). (Comple                 |  |   |                    |                   |                     |                    |                   |                          |          |
| 8   | =  |                                       | ection 170(b)(1)(A)(vi). (                                 |   |                    |                   |                     |                    |                   |                          |          |
| 9 📖   | -  | _                                     | eives: (1) more than 33 1                                  |   |                    |                   |                     |                    |                   |                          |          |
|   |  |                                       | nctions - subject to certa                                 |   |                    |                   |                     |                    |                   |                          | ıt       |
|   |  |                                       | axable income (less sect                                   | ion 511 ta  | x) from bu         | sinesses a        | cquired b           | y tne orga         | nization          | aπer June 30, 19/5.      |          |
|   |  | 509(a)(2). (Complete                  | •  | -   |                    |                   | FOO(-)/4            | 18                 |                   |                          |          |
|   | -  | •                                     | perated exclusively to test<br>perated exclusively for the | -   | -                  |                   |                     | -                  | v out the         | numaces of one or        |          |
| 11 📖  | -  | -                                     | ations described in section                                |   |                    |                   |                     |                    |                   |                          |          |
|   |  |                                       | organization and comple                                    |   | -                  |                   | .). Occ <b>se</b> c | .0011 303(1        | <b>2)(3).</b> On  | eck the box that         |          |
|   | a Type I   |                                       |  |   |                    |                   | d                   | Typ                | e III - Nor       | n-functionally integrate | ed       |
| a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally in e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other I |  |                                       |  |   |                    |                   |                     |                    |                   |                          |          |
| •   | by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other that foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). |                                       |  |   |                    |                   |                     |                    |                   |                          |          |
| f   | 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 I, Type II, or Type III                                  |                                       |  |   |                    |                   |                     |                    |                   |                          |          |
|   | supporting or  | ganızation, check th                  | nis box  |   |                    |                   |                     |                    |                   |                          |          |
| g   | Since August   | : 17, 2006, has the o                 | organization accepted an                                   | y gift or co  | ontribution        | from any          | of the follo        | owing pers         | sons?             |                          |          |
|   | (i) A persor   | n who directly or ind                 | irectly controls, either al                                | one or tog  | ether with         | persons d         | lescribed (         | n (ii) and (       | ııi) below        | , Yes No                 | <u> </u> |
|   | the gove   | erning body of the si                 | upported organization?                                     |   |                    |                   |                     |                    |                   | 11g(i)                   | _        |
|   | (ii) A family  | member of a persor                    | n described in (i) above?                                  |   |                    |                   |                     |                    |                   | 11g(ii)                  | _        |
|   | (iii) A 35% c  | controlled entity of a                | person described in (i) o                                  | or (ii) above   | ∍?                 |                   |                     |                    |                   | 11g(iii)                 | _        |
| h   | Provide the fo   | ollowing information                  | about the supported org                                    | ganization  | (s).               |                   |                     |                    |                   |                          |          |
|   | <del></del> -  |                                       | <del></del>  |   |                    |                   |                     | 6.23.1-            | 46.               |                          |          |
|   | of supported   | (ii) EIN                              | (iii) Type of organization                                 | (iv) Is the organization (v) Did you notify the in col. (i) listed in your organization in col. |                    |                   |                     |                    | the<br>on in col. | (vil) Amount of monetar  | У        |
| orga  | anization  |                                       | (455511254 511 111155 1 5                                  |   | document?          |                   |                     | (i) organiz<br>U.S | ed in the l       | support                  |          |
|   |  |                                       | (see instructions))  |   |                    |                   | No                  | <del></del>        | <del></del>       |                          |          |
| <del></del>   |  |                                       |  | Yes   | No                 | Yes               | 140                 | Yes                | No                |                          |          |
|   |  |                                       | İ  |   |                    |                   |                     | <b>!</b>           |                   |                          |          |
|   |  |                                       |  |   |                    | -                 |                     |                    |                   |                          |          |
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|   |  |                                       |  | ļ   |                    |                   |                     | L                  | ļ                 |                          | _        |
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| otal  |  |                                       | L  | <u> </u>  | L                  | L                 | ì                   | L                  |                   |                          |          |
| LIAFAR  | Jananuark Da   | auation Aat Nation                    | eas the Instructions f                                     | ~~  |                    |                   |                     | Sahadul            | ~ A (E~           | m 990 ar 990-F7\ 201     |          |

Form 990 or 990-EZ.

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(Form 990 or 990-EZ) 2013 THE RONALD COASE INSTITUTE 43-1885542 Page 2
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.)

| Ellendar year (or fiscal year beginning in) Microbia (3009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Citts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  1. The value of services or facilities furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge and the services of the se | Sec      | tion A. Public Support   |                      |                      |                        |                      | <del></del>                                      | <del></del> |  |  |
|--|----------|--|----------------------|----------------------|------------------------|----------------------|--|-------------|--|--|
| I Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues leved 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  4 Total, Add lines 1 through 3  5 The potion 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)  6 Public support. Settest the 5 km line  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, entire, royalties and income from similar sources  9 Net income from included gain or loss from the sale of capital assistativities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not one organization in Gross from the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale of capital assistativities, whether or not the sale  | Cale     | ndar year (or fiscal year beginning in)                                  | (a) 2009             | <b>(b)</b> 2010      | (c) 2011               | (d) 2012             | (e) 2013   | (f) Total   |  |  |
| Tax revenues leved for the organization is 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 change  4 Total, Add lines 1 through 3  5 The postino 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)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, entire, royalties and noncines to here. See the comment of the publicly supported organization of the publicly supported organization of Public Support  9, 616. 4,753. 4,636. 3,774. 5,805. 28,584.  10 Cher income. Do not include gain or loss is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support percentage for 2013 (ine 6, column (f) divided by line 11, column (f))  12 Gross receipts from related business activities, whether or not the public support percentage for 2013 (ine 6, column (f) divided by line 11, column (ff))  15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501c(x)s) organization, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization on did not check a box on line 13, fie, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test. The organization on line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization of did not check a box on line 13, fie, fie, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test. The organization of line the check a box on line 13, fie, fib, or 17a, and line 15 is 00% or more, and   | 1        | Gifts, grants, contributions, and  |                      |                      |                        |                      |  |             |  |  |
| 2 Tax revenues leved for the organization's benefit and either pad to or expended on its behalf and either pad to or expended on its behalf and either pad to or expended on its behalf furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a government) unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) column (f) 7 Amounts from line 4 8 Public support, siberast line 5 homines 8 Gross income from inerest, dividends, payments received on securities loans, rents, royalhes and income from unrelated business activities, whether on not the business is regularly carried on 0 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, whether on 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) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, whether on the business is regularly carried on 7 Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 15 First five years. If the Form 2012 Schedule A, Part II, line 11, column (f)) 16 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. the kibs box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. the key his box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. the key his box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. the key his box and stop here. Explain in Part IV ho |          | membership fees received. (Do not  |                      |                      |                        |                      |  |             |  |  |
| traction's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  105,697. 258,345. 25,437. 399,858. 41,203. 830,540.  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)  Section B. Total Support  Galledar year (or fiseal year beginning in)  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Support Organization (fiseal year beginning in)  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4  Section B. Total Support  Galledar year (or fiseal year beginning in)  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4  Section B. Total Support  Galledar year (or fiseal year beginning in)  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4  Section B. Total Support  Galledar year (or fiseal year beginning in)  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4  Section B. Total Support  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4  Section B. Total Support  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4  (b) 4 Gross income from inerial sources  9,616 4,753 4,636 3,774 5,805 28,584 41,203 830,540 5  (c) 2013 (f) Total 2015 (f) Total 2015 (f) Total 2013 (f) Total 2015 (f) Total 201 |          | include any "unusual grants.")   | 105,697.             | 258,345.             | 25,437.                | 399,858.             | 41,203.  | 830,540.    |  |  |
| 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 it 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 256 of the amount shown on line 11, column (f)  7. Amounts from line 4.  8. Gross income from interest, dividends, payments received on securities loans, rents, royalbes and income from interest, dividends, payments received on securities loans, rents, royalbes and income from interest, dividends, payments received on securities loans, rents, royalbes and income from interest, dividends, payments received on securities loans, rents, royalbes and income from interest, dividends, payments received on securities loans, rents, royalbes and income from interest, dividends, payments received on securities loans, rents, royalbes and income from interest, dividends, payments received on securities loans, rents, royalbes and income from interest, dividends, payments received on securities loans, rents, royalbes and income from interest, dividends, payments received on securities loans, rents, royalbes and income from interest, dividends, payments received on securities loans, rents, royalbes and rowal rowal rent interest.  9. Net income from unrelated business activities, which in the sale of capital assets (Explain in Part IV)  17. Total support, Add lines 7 through 10  10. Other income. Do not include gain or loss from related activities, etc. (see instructions)  12. Tist five years. If the Form 990 is for the organization of Public Support Percentage  14. Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  16. 33 1.73% support test - 2013. If the organization of organization in Part IV how the organization meets the "facts-and-circumstances test - 2013. If the organization of or or check his box and stop here. Explain in Part IV how the organization meets the "fact | 2        | Tax revenues levied for the organ-                                       |                      |                      | <del></del>            |                      |  |             |  |  |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge 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, column (f) 5 Public support. Behasia line 5 ton line 4 6 Public support. Behasia line 5 ton line 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources and income from unrelated business activates, 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.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activates, 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 the box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2013 (fine 6, column (f) divided by line 14, column (f)) 15 Public support percentage from 2012 Scheduled, A Part II, line 14 16 33 1/3% support test - 2012, 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  17a 10% -facts-and-circumstances stet - 2013. 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 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, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop |          | zation's benefit and either paid to                                      |                      |                      |                        |                      |  |             |  |  |
| furnished by a governmental unit to the organization without charge 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, column (f)  7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royaties and increase of the business is regularly carried on 10 Other incores. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 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) 14 Public support percentage for 2013 (ine 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2013 (ine 6, column (f) divided by line 11, column (f)) 16 3 3 1/3% support test - 2013. If the organization did not check a 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 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and st |          | or expended on its behalf  |                      |                      |                        |                      |  |             |  |  |
| the organization without charge 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, column (i)  8 Public support. Submatime 5 homes 4  8 Public support Submatime 5 homes 4  8 Gross income from ine 4  8 Gross income from ine 4  8 Gross income from inerest, dividends, payments received on securities loans, rents, royalties and income from smillar sources  9 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)  11 Total support Add lines? Through 10  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  17 Public support percentage for 2013 (ime 6, column (i) divided by line 11, column (ii)  18 33 1/3% support test - 2012. 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 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explai | 3        | The value of services or facilities                                      |                      |                      |                        |                      |  |             |  |  |
| 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicity supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5 Public support. Submet the 5 ten ten 4 5 Rection B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Support Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Organization in the sale of capital assess (Explain in Part IV) assess activities, whether or not the business is regularly carried on 10 Other moorne, Do not include gain or loss from the sale of capital assess (Explain in Part IV) 11 Total support Add lines? Through 10 (a) 2012 (b) 2013 (c) 2013 (c) 2013 (d) 7540 (c) 2013 (d)   |          | furnished by a governmental unit to                                      |                      |                      |                        |                      |  |             |  |  |
| 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)  6 Public support. Subtract line 5 from line 4  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2012 Schedule A, Part II, line 14  16a 33 1/3% support test - 2012. If the organization of line 13 or 18a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the o |          | the organization without charge  |                      |                      |                        |                      |  |             |  |  |
| 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 ()  | 4        | Total. Add lines 1 through 3   | 105,697.             | 258,345.             | 25,437.                | 399,858.             | 41,203.  | 830,540.    |  |  |
| governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)   | 5        | The portion of total contributions                                       |                      |                      |                        |                      |  |             |  |  |
| supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Public support. Subtract line 5 from line 4  8 Gross income from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines? Ithrough 10  2 Gross receipts from related activities, etc. (see instructions)  3 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. The organization of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  16 33 1/3% support test - 2013. 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  17a 10% -facts-and-circumstances test - 2013. 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 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the "facts-a |          | by each person (other than a   |                      |                      |                        |                      |  |             |  |  |
| on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Section B. Total Support  Section B. Total Support  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 9, 616  |          | governmental unit or publicly  |                      |                      |                        |                      |  |             |  |  |
| amount shown on line 11, column (f) 543,583.  6 Public support. Subtract line 5 from line 4 286,957.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7. Amounts from line 4 105,697. 258,345. 25,437. 399,858. 41,203. 830,540. 105,697. 258,345. 25,437. 399,858. 41,203. 830,540. 105,697. 258,345. 25,437. 399,858. 41,203. 830,540. 105,697. 258,345. 25,437. 399,858. 41,203. 830,540. 105,697. 258,345. 25,437. 399,858. 41,203. 830,540. 105,697. 258,345. 25,437. 399,858. 41,203. 830,540. 105,697. 258,345. 25,437. 399,858. 41,203. 830,540. 105,697. 258,345. 25,437. 399,858. 41,203. 830,540. 105,697. 258,345. 25,437. 399,858. 41,203. 830,540. 105,697. 105,697. 258,345. 25,437. 399,858. 41,203. 830,540. 105,697 |          | supported organization) included   |                      |                      |                        |                      |  |             |  |  |
| column (f) 543,583. 8 Public support. Subtract line 5 from line 4   286,957. Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2009   (b) 2010   (c) 2011   (d) 2012   (e) 2013   (f) Total 105,697. 258,345. 25,437. 399,858. 41,203. 830,540.  |          | on line 1 that exceeds 2% of the   |                      |                      |                        |                      |  |             |  |  |
| 8 Public support. Subtract line 5 from line 4 Section B. Total Support  7 Amounts from line 4 S Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 9,616. 4,753. 4,636. 3,774. 5,805. 28,584.  9 Net income from on triclude gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related outsiness securities, 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.  14 Public support percentage from 2012 Schedule A, Part II, line 14 16 33 1/3% support test - 2013. 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 17a 10% -facts-and-circumstances* test - 2013. If the organization qualifies as a publicly supported organization in Part IV how 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  b 10 Ok -facts-and-circumstances test - 2012. 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 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the  |          | amount shown on line 11,   |                      |                      |                        |                      |  |             |  |  |
| Section B. Total Support  Calendar year (or fiscal year beginning in)    (a) 2009   (b) 2010   (c) 2011   (d) 2012   (e) 2013   (f) Total    7 Amounts from line 4   105,697   258,345   25,437   399,858   41,203   830,540    8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   9 Net income from unrelated business activities, whether or not the business is regularly carried on   10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part IV)    11 Total support. Add lines 7 through 10   12 Gross receipts from related activities, etc. (see instructions)   12 31,656   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    4 Public support percentage from 2013 (line 6, column (f) divided by line 11, column (f))   14 33.40   15 Public support percentage from 2012 Schedule A, Part II, line 14   15 37.37   16 33 1/3% support test - 2013. 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   17a 10% -facts-and-circumstances test - 2013. 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 meets the "facts-and-circumstances test. The organization qualifies as a publicly supported organization    b 10% -facts-and-circumstances test. 2012. If the organization qualifies as a publicly supported organization    c and if the organization meets the "facts-and-circumstances test. The organization qualifies as a publicly supported organization    c and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a  |          | column (f)   |                      |                      |                        |                      |  | 543,583.    |  |  |
| Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 105,697, 258,345, 25,437, 399,858, 41,203, 830,540.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9,616, 4,753, 4,636, 3,774, 5,805, 28,584.  9,616, 4,753, 4,636, 3,774, 5,805, 28,584.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  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.  14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  15 Public support test - 2013. If the organization of divided by payment test - 2013. If the organization of 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  17a 10% -facts-and-circumstances test - 2012. If the organization qualifies as a publicly supported organization in Part IV how the organization more, the stem "facts-and-circumstances test - 2012. 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 - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances test. The organization dualifies as a publicly supported organization be organization.  | 6        | Public support. Subtract line 5 from line 4                              |                      |                      | ·                      |                      |  | 286,957.    |  |  |
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| dividends, payments received on securities loans, rents, royalities and income from similar sources  9 Net income from similar sources 9,616. 4,753. 4,636. 3,774. 5,805. 28,584.  9 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.) 11 Total support. Add lines 7 through 10 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 14 Public support percentage from 2012 Schedule A, Part II, line 14 15 37.37 % 16a 33 1/3% support test - 2013. 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 17a 10% -facts-and-circumstances test - 2013. 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 more the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2013. 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  15a 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported o | 7        | Amounts from line 4  | 105,697.             | 258,345.             | 25,437.                | 399,858.             | 41,203.  | 830,540.    |  |  |
| securities loans, rents, royalties and income from similar sources  9,616. 4,753. 4,636. 3,774. 5,805. 28,584.  9 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)  11 Total support. Add lines 7 through 10  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  14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2012 Schedule A, Part II, line 14  16 33 1/3% support test - 2013. 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  17a 10% -facts-and-circumstances test - 2013. 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 meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization moets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization moets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how 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  15a 16b, or 17a, and line 15 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 meets t | 8        | Gross income from interest,  |                      |                      |                        |                      |  |             |  |  |
| and income from similar sources  9,616, 4,753, 4,636, 3,774, 5,805, 28,584.  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.)  11 Total support. Add lines 7 through 10  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.  14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2012 Schedule A, Part II, line 14  16 33 1/3% support test - 2013. 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  17a 10% -facts-and-circumstances test - 2013. 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 meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization 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, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization 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 |          |  |                      |                      |                        |                      |  |             |  |  |
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| Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  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  Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2012 Schedule A, Part II, line 14  15  37.37 %  16a 33 1/3% support test - 2013. 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 - 2012. 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 and stop here. The organization qualifies as a publicly supported organization  Tra 10% -facts-and-circumstances test - 2013. If the organization qualifies as a publicly supported 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, check this box and stop here. Explain in Part IV how the organization 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, check this box and stop here. Explain in Part IV how 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   |          | or loss from the sale of capital   |                      |                      |                        |                      |  |             |  |  |
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| 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) 2013  | 18       | rrivate roundation. If the organization                                  | on dia not check a   | DOX ON LINE 13, 168  | 1, 100, 1/2, 07 1/t    |                      | •  |             |  |  |

332022 09-25-13

# Schedule A (Form 990 or 990-EZ) 2013 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 fail | ls to |
|--|-------|
| qualify under the tests listed below, please complete Part II.)  |       |

| ow, please com   | piete Part II.)  |  |  |  | <del></del>  |  |  |  |
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| Part  |               |      |               |     |              |             |     |             |             |   |             | ırt II, line | 10; F | Part II, lin     | e 17a or                              | 17b; and Part | III, line 12.                         |
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Form 990 Schedule A Part IV Supplemental Information

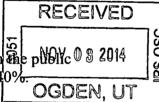
Statement of Facts and Circumstances Supporting the Ronald Coase Institute's Status as a Publicly Supported Charity, 2013

#### 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 0 \$ 2014 (Schedule A, Part II, Section C line 14) for the period 2009-2013 was 33.40%.



#### 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. Two of the six are currently professors of economics or political science, three are emeritus professors of economics at leading US and European universities, and one is a current and one a retired lead researcher at the World Bank. All six directors are well-known experts and widely published authors in the field of new institutional economics.

#### 4. Public services

As of December 31, 2013 the Institute had held 21 workshops around the world benefiting a total of 470 participants from 69 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 85% 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 103 individuals (including 21 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.

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE RONALD COASE INSTITUTE

Employer identification number 43-1885542

| Pai | t I Organizations Maintaining Donor Advise                           | ed Funds or Other Similar Funds              | s or Accounts. Complete if the                 |
|-----|--|--|--|
|     | organization answered "Yes" to Form 990, Part IV, line               | e 6.   | ·  |
|     |  | (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         | writing that the assets held in donor advis  | sed funds                                      |
|     | are the organization's property, subject to the organization's       | -  | Yes No   |
| 6   | Did the organization inform all grantees, donors, and donor a        |  | •  |
|     | for charitable purposes and not for the benefit of the donor of      | • •  | •  |
|     | impermissible private benefit?                                       |  | . Yes No                                       |
| Pai |  | ganization answered "Yes" to Form 990, F     |  |
| 1   | Purpose(s) of conservation easements held by the organization        | ion (check all that apply).                  |  |
|     | Preservation of land for public use (e.g., recreation or e           |  | stoncally important land area                  |
|     | Protection of natural habitat  | · (=)  | tified historic structure                      |
|     | Preservation of open space   |  |  |
| 2   | Complete lines 2a through 2d if the organization held a qualit       | fied 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                |
| a   | Total number of conservation easements                               |  | 2a   |
| b   | Total acreage restricted by conservation easements                   |  | 2b   |
| С   | Number of conservation easements on a certified historic str         | ucture included in (a)                       | 2c   |
| d   | Number of conservation easements included in (c) acquired            | after 8/17/06, and not on a historic struct  | ture   |
|     | listed in the National Register                                      |  | 2d   |
| 3   | Number of conservation easements modified, transferred, re           | leased, extinguished, or terminated by the   | e organization during the tax                  |
|     | year ▶   |  |  |
| 4   | Number of states where property subject to conservation ea           | sement is located >                          |  |
| 5   | Does the organization have a written policy regarding the per        | riodic monitoring, inspection, handling of   |  |
|     | violations, and enforcement of the conservation easements i          | t holds?                                     | L Yes L No                                     |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,         | and enforcing conservation easements of      | dunng the year                                 |
| 7   | Amount of expenses incurred in monitoring, inspecting, and           | enforcing conservation easements during      | g the year ▶ \$                                |
| 8   | Does each conservation easement reported on line 2(d) above          | ve satisfy the requirements of section 170   | O(h)(4)(B)(i)                                  |
|     | and section 170(h)(4)(B)(ii)?  |  | L Yes  |
| 9   | In Part XIII, describe how the organization reports conservation     | ion easements in its revenue and expense     | e statement, and balance sheet, and            |
|     | include, if applicable, the text of the footnote to the organization | tion's financial statements that describes   | the organization's accounting for              |
|     | conservation easements.  |  |  |
| Pa  | t III Organizations Maintaining Collections o                        |  | ther Similar Assets.                           |
|     | Complete if the organization answered "Yes" to Form                  | <del> </del>                                 | <u> </u>                                       |
| 1a  | If the organization elected, as permitted under SFAS 116 (AS         |  |  |
|     | historical treasures, or other similar assets held for public ext    | hibition, education, or research in furthera | ance of public service, provide, in Part XIII, |
|     | the text of the footnote to its financial statements that descri     |  |  |
| b   | If the organization elected, as permitted under SFAS 116 (AS         |  |  |
|     | treasures, or other similar assets held for public exhibition, e     | ducation, or research in furtherance of pu   | iblic service, provide the following amounts   |
|     | relating to these items:   |  |  |
|     | (i) Revenues included in Form 990, Part VIII, line 1                 | - • •  | <b>\$</b>                                      |
|     | (ii) Assets included in Form 990, Part X                             |  | <b>\$</b>                                      |
| 2   | If the organization received or held works of art, historical tre    |  | al gain, provide                               |
|     | the following amounts required to be reported under SFAS 1           | 16 (ASC 958) relating to these items:        | <b>.</b>                                       |
| a   |  |  | <b>S</b>                                       |
| ь   | Assets included in Form 990, Part X                                  | • •  | . > \$   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

332052 09-25-1 Schedule D (Form 990) 2013

| Schedule I | D (Form 990) 2013 THE RONALD                               | COASE INS             | ritute .   | 43-                         | -1885542 Page                          |
|------------|--|-----------------------|--|-----------------------------|--|
|            | Investments - Other Securities.                            |                       |  |                             | _ rage v                               |
| •          | Complete if the organization answered "Yes"                | to Form 990, Part !   | V, line 11b. See Form 99                         | 0, Part X, line 12.         |  |
| (a) Descri | ption of security or category (including name of security) | (b) Book valu         |  | f valuation: Cost or end-   | of-year market value                   |
| (1) Financ | ial derivatives  |                       |  |                             |  |
|            | y-held equity interests                                    |                       | •  |                             |  |
| (3) Other  |  |                       |  |                             |  |
| (A)        |  |                       | ·  |                             |  |
| (B)        |  |                       |  |                             | · · · · · · · · · · · · · · · · · · ·  |
| (C)        | <del></del>  |                       |  |                             |  |
| (D)        |  |                       |  |                             |  |
| (E)        |  |                       |  |                             |  |
| (F)        |  |                       |  |                             |  |
| (G)        |  |                       |  |                             |  |
| (H)        |  |                       |  |                             |  |
|            | (b) must equal Form 990, Part X, col. (B) line 12.) ▶      | -                     |  |                             |  |
| Part VII   | I Investments - Program Related.                           |                       |  |                             |  |
|            | Complete if the organization answered "Yes"                |                       | V, line 11c. See Form 99                         | 0, Part X, line 13.         |  |
|            | (a) Description of investment                              | (b) Book valu         | e (c) Method o                                   | f valuation: Cost or end-   | of-year market value                   |
| (1)        |  |                       |  |                             |  |
| (2)        |  |                       |  |                             |  |
| (3)        |  |                       |  |                             | <del></del>                            |
| (4)        |  |                       |  |                             |  |
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| (6)        |  |                       |  |                             |  |
| (7)        |  |                       |  |                             |  |
| (8)        |  |                       |  |                             |  |
| (9)        |  | <u> </u>              |  |                             |  |
|            | (b) must equal Form 990, Part X, col. (B) line 13.)        | <u>!</u>              |  | <del></del>                 |  |
| Part IX    | <u> </u>   |                       |  |                             |  |
|            | Complete if the organization answered "Yes"                |                       | V, line 11d. See Form 99                         | 0, Part X, line 15.         | (h) Poole volue                        |
|            | (a)  | Description           | ······································           |                             | (b) Book value                         |
| (1)        |  | <del> </del>          |  |                             |  |
| (2)        |  |                       |  | - <del></del>               | <del> </del>                           |
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| (8)        |  |                       | ···  |                             |  |
| (9)        | umn (b) must equal Form 990, Part X, col. (B) lin          | 0.15                  |  |                             |  |
| Part X     | Other Liabilities.   | <del>8 13.)</del>     | ·····  |                             | <del> </del>                           |
| Tarex      | Complete if the organization answered "Yes"                | to Form 990 Part i    | V line 11e or 11f See Fr                         | orm 990 Part Y line 25      |  |
| 4          | (a) Description of liability                               | to roilli 990, Pait i | (b) Book value                                   | 7111 990, Falt A, IIIIe 23. |  |
| 1.         | deral income taxes   | <del></del>           | (D) DOOK VAIAG                                   | =                           |  |
|            | derai income taxes   | <del></del>           |  |                             |  |
| (2)        |  |                       |  | <b>-</b>                    |  |
| (3)        |  | <del></del>           |  | ⊣                           |  |
|            |  | <del></del>           |  | $\dashv$                    |  |
| (5)        |  |                       |  | $\dashv$                    |  |
| (6)        |  |                       | -  | $\dashv$                    |  |
| (8)        |  |                       | <del>                                     </del> | $\dashv$                    |  |
| (0)        |  |                       | +  | -                           |  |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

2013

Open to Public Inspection

Name of the organization

**Employer identification number** 

| THE RONALD COAS   |                                     |   |  |                       | 43-18855   |  |
|---|-------------------------------------|---|--|-----------------------|--|--|
|   |                                     |   | tside the United States. Compl   | ete if the organ      | ızatıon answered   | "Yes" on   |
| Form 990, Part IV   |                                     |   |  |                       |  | <del>,</del>   |
| <u> </u>  | -                                   |   | ds to substantiate the amount of its gr  |                       | /  | 7 <del>[</del> ]   |
| the grantees' eligibility for                                     | or the grants or a                  | assistance, and   | the selection criteria used to award the   | e grants or assi      | stance? LA   | Yes No   |
| 2 For grantmakers. Description United States.                     | ribe in Part V the                  | e organization's  | procedures for monitoring the use of it  | ts grants and of      | ther assistance ou   | itside the   |
| 3 Activities per Region. (T                                       | he following Parl                   | I, line 3 table ca  | an be duplicated if additional space is  | needed.)              | <u> </u>   |  |
| (a) Region  | (b) Number of offices in the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in region | (d) Activities conducted in region<br>(by type) (e.g., fundraising, program<br>services, investments, grants to<br>recipients located in the region) | is a prog<br>describe | vity listed in (d) gram service, e specific type ce(s) in region | (f) Total<br>expenditures<br>for and<br>investments<br>in region |
|   |                                     |   |  |                       |  |  |
| EUROPE (INCLUDING<br>ICELAND & GREENLAND)                         | 0                                   | 0   | PROGRAM SERVICES   | RESEARCH AN           | D ANALYSIS   | 24,597.  |
|   |                                     |   | \$<br> <br>  |                       |  |  |
| RUSSIA & THE NEWLY<br>INDEPENDENT STATES                          |                                     | 0   | PROGRAM SERVICES   | RESEARCH AN           | D ANALYSIS   | 2,000.   |
|   |                                     |   |  |                       |  |  |
|   |                                     |   |  |                       |  |  |
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|   |                                     |   |  |                       |  |  |
|   |                                     |   |  |                       |  |  |
| O. a. Cula testal   | 0                                   | 0   |  |                       |  | 26,597.  |
| <ul><li>3 a Sub-total</li><li>b Total from continuation</li></ul> | <u> </u>                            | -   |  |                       |  | 20,331.  |
| sheets to Part I  |                                     | 0   |  |                       |  | 0.   |
| c Totals (add lines 3a  |                                     |   |  |                       |  | 26,597.  |
| and 3b)  LHA For Paperwork Reduct                                 | tion Act Notice.                    | <u> </u>  | ctions for Form 990.   | <u> </u>              | Schedule F   | (Form 990) 2013  |

Page 2

THE RONALD COASE INSTITUTE

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| (i) Method of valuation (book, FMV, appraisal, other) |  |  |  |  |  | Schedule F (Form 990) 2013 |
|---|--|--|--|--|--|----------------------------|
| (h) Description of non-cash assistance                |  |  |  |  |  | Schede                     |
| (g) Amount of non-cash assistance                     |  |  |  |  | xempt by   |                            |
| (f) Manner of cash disbursement                       |  |  |  |  | recognized as tax-e  |                            |
| (e) Amount<br>of cash grant                           |  |  |  |  | foreign country,   |                            |
| (d) Purpose of grant                                  |  |  |  |  | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by<br>the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter<br>Enter total number of other organizations or entities |                            |
| (c) Region  |  |  |  |  | is listed above that are in I has provided a section rentities   |                            |
| (b) IRS code section and EIN (if applicable)          |  |  |  |  | recipient organization he grantee or counsel other organizations or  |                            |
| 1<br>(a) Name of organization                         |  |  |  |  | 2 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro 3 Enter total number of other organizations or entitles  | 1                          |

332072 10-03-13

Page 3

Schedule F (Form 990) 2013 THE RONALD COASE INSTITUTE

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance (b) Region | (b) Region                  | (c) Number of (d) Amount of recipients cash grant | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, |
|--|-----------------------------|---|--------------------------|---------------------------------|-----------------------------------|--|-------------------------------------|
|  | EUROPE (INCLUDING           |   |                          |                                 |                                   |  | appraisal, otner)                   |
|  | ICELAND &<br>GREENLAND)     | 1   | 24,597.                  | 24,597. WIRE TRANSFER           | 0                                 |  |                                     |
|  | RUSSIA & THE                |   |                          |                                 |                                   |  |                                     |
|  | NEWLY INDEPENDENT<br>STATES | rH  | 2,000.                   | 2,000. WIRE TRANSPER            | 0                                 |  |                                     |
|  |                             |   |                          |                                 |                                   |  |                                     |
|  |                             |   |                          |                                 |                                   |  |                                     |
|  |                             |   |                          |                                 |                                   |  |                                     |
|  |                             |   |                          |                                 |                                   |  |                                     |
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|  |                             |   |                          |                                 |                                   |  |                                     |
|  |                             |   |                          |                                 |                                   |  |                                     |
|  |                             |   |                          |                                 |                                   | Schedu                                 | Schedule F (Form 990) 2013          |

|   | ···   Totelgii Folilis   |             |
|---|--|-------------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)   | ☐ Yes 【X】No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | Yes 🛣 No    |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)  | Yes X No    |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)                   | Yes X No    |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)  | Yes X No    |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)   | Yes X No    |

Schedule F (Form 990) 2013

Page 4

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▼ Attach to Form 990.

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

THE RONALD COASE INSTITUTE

Employer identification number

43-1885542

Schedule I (Form 990) (2013) **≗** □ (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section of applicable 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (P) EIN critena used to award the grants or assistance? 1 (a) Name and address of organization or government Part Part

Page 2

43-1885542

Schedule I (Form 990) (2013) THE RONALD COASE INSTITUTE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

|   | The state of the s |                          |   |   |  |
|---|--|--------------------------|---|---|--|
| (a) Type of grant or assistance                                       | (b) Number of recipients   | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance                                       | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| RESEARCH GRANT  | 1  | 30,000                   | .0  |   |  |
|   |  |                          |   |   |  |
|   |  |                          |   |   |  |
|   |  | :                        |   |   |  |
|   |  |                          |   |   |  |
| Part IV Supplemental Information. Provide the information required in |  | ne 2, Part III, column   | Part I, line 2, Part III, column (b), and any other additional information. | dditional information.                                |  |
|   |  |                          |   |   |  |
| EXPLANATION: THE BOARD DEVELOPS THE                                   | THE SELECTION  | ION CRITERIA             | OF A  | GRANT. A  |  |
| PROSPECTIVE GRANTEE IS REQUIRED TO                                    | O PRESENT  | A RESEARCH               | H PROPOSAL  | TO THE BOARD  |  |
| PRIOR TO SELECTION. THE PROPOSAL INCI                                 | INCLUDES   | A DETAILED               | ID PLAN OF WORK   | WORK  |  |
| SPECIFYING DELIVERABLES AND A TIME                                    | TIMETABLE FOR  | R DELIVERY.              | ONCE  | SELECTED BY THE                                       |  |
| BOARD, A CONTRACT WITH THE GRANTEE                                    | E IS SIGNED.   | ED. PURSUANT TO          | THE   | CONTRACT THE  |  |
| GRANTEE IS REQUIRED TO COME BEFORE                                    | E THE BOARD  | RD TO MAKE               | QUARTERLY   | ORAL  |  |
| PROGRESS REPORTS AND TO SUBMIT A W                                    | WRITTEN PROGRESS   |                          | REPORT TO THE   | E BOARD EVERY   |  |
| OTHER QUARTER. A PAYMENT IS MADE T                                    | TO THE GR  | GRANTEE AT T             | THE SIGNING   | OF THE  |  |
| 332102 10-29-13   |  | 31                       |   |   | Schedule I (Form 990) (2013)           |

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2013.03061 THE RONALD COASE INSTITUTE

332291 05-01-13

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

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

Inspection

| Name of the organization  THE RONALD COASE INSTITUTE  | Employer identification number 43-1885542 |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 2:   |   |
| EXPLANATION: A DIRECTOR LEE K BENHAM AND THE CORPORATE SE   | CRETARY ALEXANDRA                         |
| L H BENHAM ARE MARRIED  |   |
| FORM 990, PART VI, SECTION A, LINE 8B:  |   |
| EXPLANATION: THE INSTITUTE DOES NOT HAVE ANY FORMAL COMMI   | TTEES                                     |
| FORM 990, PART VI, SECTION B, LINE 11:  |   |
| EXPLANATION: THE FORM 990 IS EMAILED TO EACH DIRECTOR AND   | OFFICER FOR THEIR                         |
| REVIEW BEFORE FILING  |   |
| FORM 990, PART VI, SECTION B, LINE 12C:  EXPLANATION: CONFLICTS OF INTEREST, IF ANY, ARE REQUIRED | TO BE DISCLOSED BY                        |
| BOARD MEMBERS AT BOARD MEETINGS   |   |
| FORM 990, PART VI, SECTION C, LINE 19:  |   |
| EXPLANATION: COPIES OF THESE DOCUMENTS WILL BE PROVIDED B   | Y MAIL UPON                               |
| REQUEST   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

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

## Depreciation and Amortization (Including Information on Listed Property) separate instructions. Attach to your tax return. 990

➤ See separate instructions.

Business or activity to which this form relates

OMB No 1545-0172

Attachment Sequence No. 179

ODY 000 DAGE 10

Identifying number

| THE RUNALD COASE   |  |                                 |  |                                 | PAGE IU        |                          | 43-1885542                                       |
|--|--|---------------------------------|--|---------------------------------|----------------|--------------------------|--|
| Part I   Election To Expense Ce  | rtain Property Under Section   | 179 Note: <i>If you</i>         | u have any listed j                          | property,                       | complete Part  | V before                 |  |
| 1 Maximum amount (see instru   | uctions)   |                                 |  |                                 |                | 1_                       | 500,000.   |
| 2 Total cost of section 179 pro  | perty placed in service (see   | instructions)                   |  |                                 |                | 2                        |  |
| 3 Threshold cost of section 17   | 9 property before reduction  | n in limitation                 |  |                                 |                | 3                        | 2,000,000.                                       |
| 4 Reduction in limitation. Subt  | ract line 3 from line 2. If zer  | o or less, ente                 | r -0-  |                                 |                | 4                        |  |
| 5 Dollar limitation for tax year Subtract  | line 4 from line 1. If zero or less, ente  | r -0- If married filis          | ng separately, see instr                     | uctions                         |                | 5                        |  |
| 6 (a) De   | scription of property  |                                 | (b) Cost (business us                        | se only)                        | (c) Elected    | d cost                   |  |
|  |  |                                 | <del> · · · · · · · · · · · · · · · · </del> |                                 |                |                          |  |
|  |  |                                 | <del></del>                                  |                                 |                |                          | 7  |
|  |  | ····                            |  |                                 |                |                          |  |
|  | ·- ·   |                                 |  |                                 |                |                          |  |
| 7 Listed property. Enter the an  | nount from line 20   |                                 |  | 7                               |                |                          | i  |
| 8 Total elected cost of section  |  | <br>s in column (c              | Lines 6 and 7                                | <u> </u>                        | <del></del>    | 8                        | 4  |
| 9 Tentative deduction. Enter the   |  |                                 | ), illies o and 7                            |                                 |                | 9                        | <u> </u>   |
|  |  |                                 |  |                                 |                | 10                       |  |
| 10 Carryover of disallowed ded   |  |                                 |  | rlina E                         |                | 11                       | <del>                                     </del> |
| 11 Business income limitation. I   |  | •                               | •  |                                 |                |                          |  |
| 12 Section 179 expense deduc   |  |                                 | _  | 13                              |                | . 12                     | <del> </del>                                     |
| 13 Carryover of disallowed ded<br>Note: Do not use Part II or Part I   |  |                                 |  | 13                              |                |                          | <u> </u>   |
|  | on Allowance and Other I   |                                 |  | atod area                       |                | <del></del>              |  |
|  |  |                                 | ·  |                                 |                | <u> </u>                 | <del>                                     </del> |
| 14 Special depreciation allowan  | ice for qualified property (of   | ner than listed                 | property) placed                             | ın servi                        | ce during      |                          |  |
| the tax year   |  | ••                              |  | -                               |                | 14                       |  |
| 15 Property subject to section 1   |  |                                 |  |                                 |                | 15                       |  |
| 6 Other depreciation (including  |  |                                 |  | •                               |                | 16                       |  |
| Part III MACRS Depreciat   | ion (Do not include listed p   |                                 |  |                                 |                |                          |  |
|  |  |                                 | ction A                                      |                                 |                | · · · · · ·              |  |
| 17 MACRS deductions for asse   | ts placed in service in tax y  | ears beginnin                   | g before 2013                                |                                 |                | _ <u>  17</u>            | 69.  |
| 18 If you are electing to group any assets   | <del></del>  |                                 |  |                                 |                |                          |  |
| Section  | B - Assets Placed in Servi   |                                 |  | g the Ge                        | neral Deprecia | ation Sys                | tem  |
| (a) Classification of property   | (b) Month and<br>year placed<br>In service   | (business/In:                   | depreciation<br>vestment use<br>nstructions) | d) Recovery<br>period           | (e) Convention | (f) Method               | (g) Depreciation deduction                       |
| 19a 3-year property  |  | <u> </u>                        |  |                                 |                |                          |  |
| 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 proper  | ty /   | 1                               |  | 27.5 yrs.                       | MM             | S/L                      |  |
| <del></del>  | /  |                                 |  | 39 yrs.                         | MM             | S/L                      |  |
|  |  |                                 | <del></del>                                  | 7                               | MM             | S/L                      |  |
| i Nonresidential real prope  | erty /   |                                 | ı  |                                 |                |                          |  |
| · ·  | /  | During 2013                     | Tax Year Using                               | the Alte                        |                | 4                        | rstem  |
| Section C  | - Assets Placed in Service   | During 2013                     | Tax Year Using                               | the Alte                        |                | ciation Sy               | rstem  |
| Section C  | /  | During 2013                     | Tax Year Using                               |                                 |                | S/L                      | rstem  |
| Section C  20a Class life b 12-year  | /  | During 2013                     | Tax Year Using                               | 12 yrs.                         | rnative Depre  | S/L<br>S/L               | rstem  |
| Section C  20a Class life  b 12-year  c 40-year  | - Assets Placed in Service   | During 2013                     | Tax Year Using                               |                                 |                | S/L                      | rstem  |
| Section C  20a Class life b 12-year c 40-year  Part IV Summary (See inst   | - Assets Placed in Service / ructions.)  | During 2013                     | Tax Year Using                               | 12 yrs.                         | rnative Depre  | S/L<br>S/L<br>S/L        | stem   |
| Section C  20a Class life b 12-year c 40-year  Part IV Summary (See inst 21 Listed property. Enter amou  | - Assets Placed in Service / ructions.) nt from line 28  |                                 |  | 12 yrs.<br>40 yrs.              | rnative Depred | S/L<br>S/L               | stem   |
| Section C  20a Class life b 12-year c 40-year  Part IV Summary (See inst 21 Listed property. Enter amou 22 Total. Add amounts from line  | - Assets Placed in Service / ructions.) nt from line 28 e 12, lines 14 through 17, lines                               | nes 19 and 20                   | ın column (g), an                            | 12 yrs.<br>40 yrs.<br>d line 21 | MM             | S/L<br>S/L<br>S/L<br>S/L |  |
| Section C  20a Class life  b 12-year  c 40-year  Part IV Summary (See instead on the approximate of the companies of the comp | - Assets Placed in Service / ructions.) nt from line 28 e 12, lines 14 through 17, line priate lines of your return. F | nes 19 and 20<br>Partnerships a | in column (g), an                            | 12 yrs.<br>40 yrs.<br>d line 21 | MM             | S/L<br>S/L<br>S/L        | rstem 69.  |
| Section C  20a Class life b 12-year c 40-year  Part IV Summary (See inst 21 Listed property. Enter amou 22 Total. Add amounts from line  | - Assets Placed in Service / ructions.) nt from line 28 e 12, lines 14 through 17, lii priate lines of your return. F  | nes 19 and 20<br>Partnerships a | in column (g), an                            | 12 yrs.<br>40 yrs.<br>d line 21 | MM             | S/L<br>S/L<br>S/L<br>S/L |  |

|  | Section A, all  |  | and Sec  |  |  |  |                            | ting lease   |  |                     |  |            |             |          |
|--|---|--|--|--|--|--|----------------------------|--|--|---------------------|--|------------|-------------|----------|
| Section A  |   | on and Other   |  |  |  |  | No                         |  | -  |                     |  |            | Yes         | □ No     |
| (a) Type of property (list vehicles first )  | (a) (b) (c) Date Business/  |  | (d) (e) (f) Cost or (business/investment period  |  | (g)  Method/ Convention  |  | (h) Depreciation deduction |  | (i)<br>Elected<br>section 179<br>cost        |                     |  |            |             |          |
| 25 Special depreciation all  |   |  |  | / placed ii  | n servic   |  |                            | ax year an   | l<br>d                                       |                     |  |            |             | 751      |
| used more than 50% in  | •   | •  |  | •  |  | ·  |                            |  |  | 25                  |  |            | ŀ           |          |
| 26 Property used more that   | an 50% in a q   | ualified busin   | ess use.   |  |  |  |                            |  | _  |                     |  |            |             |          |
|  |   | 9  | 6  |  |  |  |                            |  |  |                     |  |            |             |          |
|  |   | 9  | 6  |  |  |  |                            |  |  |                     |  |            |             |          |
| w  |   | <u> </u>   | 6  |  |  |  |                            |  | <u> </u>                                     |                     |  |            |             |          |
| 27 Property used 50% or I  | ess in a quali  | T  |  |  |  |  |                            |  | r  |                     |  |            |             |          |
|  |   | <del></del>  | 6  | ·····  |  |  |                            |  | S/L·   |                     | ļ  |            | ļ           |          |
|  | -   | <del></del>  | 6  | <del> </del>   |  |  |                            |  | S/L·   |                     |  |            | l           |          |
| <b>20.</b> A.H   | · (la)  | <del></del>  | 6  |  |  |  |                            |  | S/L·   | 1 60                | <del> </del>                                     |            | ł           |          |
| 28 Add amounts in column   | • • •   | -  |  |  | line 21,   | page 1   |                            |  |  | 28                  | L,   | T 00       |             |          |
| 29 Add amounts in column   | 1 (I), line 26. E   |  |  | 7, page 1<br>B - Inforn  |  |  | -4 \/ - h                  | :  |  |                     |  | 29         | l           | -        |
| to your employees, first ans   | swer the ques   | stions in Section  |  | · · ·  |  |  | tion to                    |  |  |                     | 1 .  |            |             | <u> </u> |
| 30 Total business/investment   | mulae drivan di   | uring the  | (a)<br>Vehicle   |  | (b)<br>Vehicle \   |  | V                          | (C)  | (d<br>Vahi                                   | -                   |  | e)<br>ucle | (1<br>Veh   |          |
| year (do not include commuting miles)  |   |  |  | licie  | Verificie v  |  | /ehicle Vehicle            |  | CIG  | Vehicle             |  | Veil       | ICIC        |          |
| 31 Total commuting miles   |   | the vear   |  |  |  |  |                            |  | <u> </u>                                     |                     |  |            |             |          |
| 32 Total other personal (no  | _   | •  |  |  |  |  |                            |  |  |                     | <del>                                     </del> |            | i           |          |
| driven   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | ,,   |  | İ  |  |  |                            |  |  |                     |  |            |             |          |
| 33 Total miles driven during   | g the year.   |  |  |  |  |  |                            |  |  |                     |  |            |             |          |
| Add lines 30 through 32  |   |  |  |  |  |  |                            |  |  |                     |  |            |             |          |
| 34 Was the vehicle availab   | ole for person  | al use   | Yes  | No   | Yes  | No   | Yes                        | No   | Yes  | No                  | Yes  | No         | Yes         | No       |
|  |   |  |  |  |  |  |                            |  |  |                     |  |            |             |          |
| during off-duty hours?   |   |  |  |  |  |  |                            |  | 1  |                     |  |            | l 1         |          |
| during off-duty hours?  35 Was the vehicle used p  | orimarily by a  | more   |  | 1  |  |  |                            |  | 1 }  |                     |  |            |             |          |
| • •  |   | more   |  |  |  |  |                            | ļ  |  |                     |  |            |             |          |
| 35 Was the vehicle used p<br>than 5% owner or relate   | ed person?  |  |  |  |  |  |                            |  |  |                     |  |            |             |          |
| 35 Was the vehicle used p<br>than 5% owner or relate   | ed person?<br>able for perso  | onal   |  |  |  |  |                            |  |  |                     |  |            |             |          |
| <ul><li>35 Was the vehicle used p</li><li>than 5% owner or relate</li><li>36 Is another vehicle available</li><li>use?</li></ul>   | ed person? able for perso   | onal<br>- Questions f  |  |  |  |  |                            |  |  |                     |  | re not m   | ore than    | 5%       |
| <ul><li>35 Was the vehicle used p than 5% owner or relat</li><li>36 Is another vehicle availause?</li><li>Answer these questions to owners or related persons.</li></ul>   | ed person? able for perso Section C determine if y  | onal  - Questions f  | xception   | n to comp  | eting S  | Section I  | 3 for v                    | ehicles us   | ed by en                                     | ployee              | s who au   | re not m   | ore than    |          |
| <ul><li>35 Was the vehicle used p than 5% owner or relat</li><li>36 Is another vehicle availause?</li><li>Answer these questions to owners or related persons.</li></ul>   | ed person? able for perso Section C determine if y  | onal  - Questions f  | xception   | n to comp  | eting S  | Section I  | 3 for v                    | ehicles us   | ed by en                                     | ployee              | s who au   | re not m   | <del></del> |          |
| <ul> <li>35 Was the vehicle used p than 5% owner or related.</li> <li>36 Is another vehicle available.</li> <li>Answer these questions to owners or related persons.</li> <li>37 Do you maintain a writteemployees?</li> </ul>   | ed person? able for perso  Section C determine if y en policy stat  | - Questions f<br>you meet an e   | xception<br>ohibits a  | n to comp<br>all person  | eleting S<br>al use d  | Section I  | 3 for vo                   | ehicles us<br>uding con  | ed by en                                     | by you              | s who au   | re not m   | <del></del> |          |
| <ul> <li>35 Was the vehicle used p than 5% owner or related.</li> <li>36 Is another vehicle available.</li> <li>Answer these questions to owners or related persons.</li> <li>37 Do you maintain a writteemployees?</li> </ul>   | ed person?  able for perso  Section C  determine if y  en policy state  en policy state   | - Questions f<br>you meet an e<br>tement that pr   | ohibits a  | n to comp<br>all person<br>personal u  | eleting S<br>al use of v   | Section I  | 3 for vo                   | ehicles us<br>uding con<br>t commut  | ed by ennuting,                              | by you              | s who au   | re not m   | <del></del> |          |
| <ul> <li>35 Was the vehicle used p than 5% owner or related.</li> <li>36 Is another vehicle available.</li> <li>Answer these questions to owners or related persons.</li> <li>37 Do you maintain a written employees?</li> <li>38 Do you maintain a written employees? See the instance of vehicles.</li> <li>39 Do you treat all use of vehicles.</li> </ul>  | ed person?  able for person  Section C  determine if y  en policy state  structions for yehicles by er  | - Questions f<br>you meet an e<br>tement that pr<br>tement that pr<br>vehicles used<br>imployees as p  | ohibits a  | n to comp<br>all person<br>personal uporate off<br>use?                              | al use of vacers, d  | Section I<br>of vehicle<br>rehicles,<br>lirectors,   | es, incl<br>excep<br>or 1% | ehicles us<br>uding con<br>t commut<br>or more   | ed by en<br>nmuting,<br>ing, by yo<br>owners | by you              | s who au   | re not m   | <del></del> |          |
| <ul> <li>35 Was the vehicle used p than 5% owner or related.</li> <li>36 Is another vehicle available.</li> <li>Answer these questions to owners or related persons.</li> <li>37 Do you maintain a writtle employees?</li> <li>38 Do you maintain a writtle employees? See the ins.</li> <li>39 Do you treat all use of versions.</li> <li>40 Do you provide more the</li> </ul>   | Section C determine if y en policy state en policy state structions for rehicles by er nan five vehicles  | - Questions f<br>you meet an e<br>tement that pr<br>tement that pr<br>vehicles used<br>imployees as p<br>les to your em  | ohibits and ohibits played on the company of the co | all personal uporate offuse?   | al use of vacers, d  | Section I<br>of vehicle<br>rehicles,<br>lirectors,   | es, incl<br>excep<br>or 1% | ehicles us<br>uding con<br>t commut<br>or more   | ed by en<br>nmuting,<br>ing, by yo<br>owners | by you              | s who au   | re not m   | <del></del> |          |
| <ul> <li>35 Was the vehicle used p than 5% owner or related is another vehicle available?</li> <li>Answer these questions to owners or related persons.</li> <li>37 Do you maintain a written employees?</li> <li>38 Do you maintain a written employees? See the insemployees? See the insemployees?</li> <li>40 Do you provide more than the use of the vehicles,</li> </ul>   | Section C determine if y en policy state en policy state structions for yehicles by er nan five vehicle and retain the  | - Questions for you meet an externent that provenieles used imployees as particular to your emine information  | ohibits and ohibits playees  | all personal uporate offices?  | al use of vacers, d  | Section I  | excep<br>or 1%             | ehicles us<br>uding con<br>t commut<br>or more   | ed by en<br>nmuting,<br>ing, by yo<br>owners | by you              | s who au   | re not m   | <del></del> |          |
| <ul> <li>35 Was the vehicle used p than 5% owner or related.</li> <li>36 Is another vehicle available.</li> <li>Answer these questions to owners or related persons.</li> <li>37 Do you maintain a written employees?</li> <li>38 Do you maintain a written employees? See the insemployees? See the insemployees? See the insemployees? See the insemployees?</li> <li>40 Do you treat all use of who was a pool of the vehicles.</li> <li>41 Do you meet the required.</li> </ul>  | Section C determine if y en policy state en policy state structions for yehicles by er nan five vehicle and retain the ements conce   | - Questions for you meet an externent that proveniels used imployees as particular to your emine information eming qualifier.  | ohibits and ohibits playeers on all ployees received autom   | all personal uporate officese? , obtain ind?   | al use of vacers, deformation  | of vehicles, irectors, ion from  | excep<br>or 1%<br>your e   | ehicles us   | nmuting,<br>ing, by you<br>owners            | by you              | s who au   | re not m   | <del></del> | No.      |
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## Form **8868** (Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

ightharpoonup X

| -                       | u are filing for an Additional (Not Automatic) 3-Month Ex         |             |                                     |                 |                  |                                       |               |
|-------------------------|---|-------------|-------------------------------------|-----------------|------------------|---------------------------------------|---------------|
|                         | complete Part II unless you have already been granted a           |             |                                     |                 |                  |                                       |               |
| Electro                 | onic filing (e-file). You can electronically file Form 8868 if y  | ou need a   | a 3-month automatic extension o     | of tim          | e to file (6     | months for a co                       | orporation    |
| require                 | d to file Form 990-T), or an additional (not automatic) 3-moi     | nth extens  | sion of time. You can electronica   | ally fil        | e Form 88        | 368 to request ar                     | n extension   |
| of time                 | to file any of the forms listed in Part I or Part II with the exc | ception of  | Form 8870, Information Return       | for T           | ransfers A       | Associated With                       | Certain       |
| Person                  | al Benefit Contracts, which must be sent to the IRS in pap        | er format   | (see instructions). For more deta   | ails o          | n the elec       | tronic filing of th                   | ıs form,      |
| visit wi                | vw.irs.gov/efile and click on e-file for Charities & Nonprofits   |             |                                     |                 |                  |                                       |               |
| Part                    | I Automatic 3-Month Extension of Time                             | Only s      | submit original (no copies          | nee             | ded).            |                                       |               |
| A corp                  | oration required to file Form 990-T and requesting an autor       | natic 6-mo  | onth extension - check this box a   | and c           | omplete          |                                       |               |
| Part I c                | only  |             |                                     |                 |                  |                                       |               |
| All othe                | er corporations (ıncludıng 1120-C filers), partnerships, REM      | ICs, and t  | rusts must use Form 7004 to red     | quest           | an exten         | sion of time                          |               |
| to file ii              | ncome tax returns.  |             |                                     |                 | Enter file       | r's identifying n                     | umber         |
| Туре о                  | r Name of exempt organization or other filer, see instru          | ctions.     | •                                   |                 | Employer         | identification nu                     | mber (EIN) or |
| print                   |   | ı           |                                     |                 |                  |                                       |               |
| <b>-</b>                | THE RONALD COASE INSTITUTE  |             |                                     |                 |                  | 43-1885                               | 542           |
| File by the<br>due date |   | ee instruc  | tions.                              |                 | Social sec       | curity number (S                      | SN)           |
| filing you<br>return Se |   | 09 HI       | CKMAN STREET                        |                 |                  |                                       |               |
| instructio              |   | oreign add  | lress, see instructions.            |                 |                  |                                       |               |
|                         | REHOBOTH BEACH, DE 19971  |             |                                     |                 |                  |                                       |               |
|                         |   |             |                                     |                 |                  |                                       |               |
| Enter t                 | he Return code for the return that this application is for (file  | e a separa  | te application for each return)     |                 | -                |                                       | 0 1           |
|                         |   |             |                                     |                 |                  |                                       |               |
| Applic                  | ation   | Return      | Application                         |                 |                  |                                       | Return        |
| ls For                  |   | Code        | Is For                              |                 | DEC              | EIVED                                 | Code          |
| Form 9                  | 90 or Form 990-EZ   | 01          | Form 990-T (corporation)            |                 |                  |                                       | 07            |
| Form 9                  | 90-BL   | 02          | Form 1041-A                         | <del>-</del> -T |                  |                                       | Ø 08          |
|                         | 720 (ındıvıdual)  | 03          | Form 4720 (other than individ       |                 | MUA              | 0 3 2014                              | 09            |
| Form 9                  |   | 04          | Form 5227                           | m               | 110              |                                       | ex 10         |
|                         | 90-T (sec. 401(a) or 408(a) trust)                                | 05          | Form 6069                           | - 6             | OGE              | ieri iit                              | 11            |
|                         | 90-T (trust other than above)                                     | 06          | Form 8870                           |                 | UUL              |                                       | 12            |
|                         | MARY M SHIRLEY  | ·           |                                     |                 | _                |                                       |               |
| • The                   | books are in the care of ▶ 5610 WISCONSIN                         | AVEN        | UE, #1602 - CHEV                    | Y (             | CHASE            | , MD 208                              | 15            |
|                         | phone No. ► 202-258-0564  |             | Fax No. ▶                           |                 |                  | <del> </del>                          | <del></del>   |
|                         | e organization does not have an office or place of business       | s in the Ur | nited States, check this box        | -               |                  | <del>`</del>                          |               |
|                         | is is for a Group Return, enter the organization's four digit     |             |                                     | . If            | this is for      | the whole arous                       | o, check this |
| box Þ                   |   | 1           |                                     |                 |                  |                                       |               |
|                         | request an automatic 3-month (6 months for a corporation          |             |                                     |                 |                  |                                       |               |
|                         |   |             | tion return for the organization r  |                 |                  | The extension                         |               |
| -                       | s for the organization's return for:                              | <b></b>     |                                     |                 |                  |                                       |               |
|                         | ► X calendar year 2013 or   |             |                                     |                 |                  |                                       |               |
| i                       | tax year beginning  | an          | d ending                            |                 |                  |                                       |               |
| •                       | tax your boginning  |             |                                     |                 |                  | <del>-</del> ·                        |               |
| 2                       | f the tax year entered in line 1 is for less than 12 months, c    | hock rose   | on: Initial return                  |                 | inal returi      | <b>.</b>                              |               |
| _ '                     | Change in accounting period                                       | noon road   | on. Las initial voidin              |                 | indi rotan       | •                                     |               |
| 3a                      | f this application is for Forms 990-BL, 990-PF, 990-T, 4720,      | or 6060     | enter the tentative tax less any    |                 |                  |                                       |               |
|                         | nonrefundable credits. See instructions.                          | , 5. 5555,  | cities the terracine tax, 1003 driy |                 | 3a               | \$                                    | 0.            |
| -                       | f this application is for Forms 990-PF, 990-T, 4720, or 6069      | enter an    | v refundable credits and            |                 | Ja               | *                                     |               |
|                         | estimated tax payments made. Include any prior year overp         |             | -                                   |                 | 3b               | \$                                    | 0.            |
| -                       | Balance due. Subtract line 3b from line 3a. Include your pa       |             |                                     |                 | <del>  ~  </del> |                                       |               |
|                         | by using EFTPS (Electronic Federal Tax Payment System).           | -           | · ·                                 |                 | 3с               | \$                                    | 0.            |
|                         | n. If you are going to make an electronic funds withdrawal        |             |                                     | m A             |                  | nd Form 8879-F0                       |               |
|                         | and going to make all electronic falles withdrawal                | 120000      |                                     | 🗸               | ,                | · · · · · · · · · · · · · · · · · · · | or paymont    |

instructions.