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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Ā	For the	2015 calendar year, or tax year beginning and ending				
В	Check If	C Name of organization	D Employer Identifi	cation number		
	applicable					
Г	Address	THE RONALD COASE INSTITUTE				
F	Name		-1 43-1	885542		
F	change initial return	Doing business as				
누	Iretum Final	Number and street (or P.O. box if mail is not delivered to street address) Room/su				
L	lreturn/ termin-	ALEXANDRA BENHAM 6346 WATERMAN AVE		862-0351		
_	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	225,242.		
L	Amende	S1. LOUIS, MO 63130-4707	H(a) Is this a group r			
	Applica	F Name and address of principal officer:MARY M SHIRLEY	for subordinates	37 Yes 🛣 No		
	pending	5610 WISCONSIN AVE, SUITE 1602, CHEVY CHAS	H(b) Are all subordinates i	nctuded? Yes No		
$\overline{}$	Тах-өхө			list. (see instructions)		
÷	Wehelte	. ► WWW.COASE.ORG	H(c) Group exemption			
				M State of legal domicile; MO		
		Summary	ar or tormadon, Do o o i	A Charle of Regar definition, 224		
LE A			T AND PROMOT	E ECONOMIC		
8		RESEARCH ON REAL ECONOMIC SYSTEMS.	JI IMD INOMOI	D DCOHOLLC		
Activities & Governance	-		Ab 050/ -f its			
퉏		theck this box if the organization discontinued its operations or disposed of m	1	ssers.		
g	1	lumber of voting members of the governing body (Part VI, line 1a)	3	9		
4		•	<u>4</u>			
8		otal number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0		
耋	6 7	otal number of volunteers (estimate if necessary)	6	25		
3	7a T	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
•	61	let unrelated business taxable income from Form 990-T, line 34	7b	0.		
			Prior Year	Current Year		
•	8 0	Contributions and grants (Part VIII, line 1h)	86,188.	205,306.		
Ž	9 F	rogram service revenue (Part VIII, line 2g)	4,975.	15,557.		
Revenue	10 1	estment income (Part VIII, column (A), lines 3, 4, and 7d)	5,160.	4,379.		
ĕ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.			
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,323.	225,242.		
	+	trants and similar amounts paid (Part IX, column (A), lines 1-3)	45,000.			
	1		0.	0.		
_	l	lenefits pald to or for members (Part IX, column (A), line 4)	Ŏ.	0.		
Expenses	15 5	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,890.	4,176.		
ē	108	rofessional fundraising fees (Part IX, column (A), line 11e)				
3	- b		119,249.	231,741.		
_	11/	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	166,139.			
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		248,320.		
_	19 F	levenue less expenses. Subtract line 18 from line 12	-69,816.	-23,078.		
50	<u> </u>		Beginning of Current Year			
S	g 20 1	otal assets (Part X, line 16)	500,732.			
let Assets or	21 1	otal liabilities (Part X, line 26)	0.			
_	[22	let assets or fund balances. Subtract line 21 from line 20 — [1/2	500,732.	477,654.		
		Signature Block		·		
		les of perjury, I declare that I have examined this return, including accompanying schedules and sta		ry knowledge and belief, it is		
tru	e, correct	and complete. Declaration of preparer (9ther than officer) is based on all information of which prep		,		
	l	Mary M. Shirly	··× ////	12016		
SI	gn	Signature of officer	Date			
Не	re	MARY M SHIRLEY, PRÉSIDENT				
	1	Type or print name and title				
		Print/Type preparer's name Preparer's signature		X PTIN		
Pa	id þ	ROBERT S DIETERLE	10/26/16 sett-emplor	P00227272 ·		
Pro	parer	Firm's name ROBERT S DIETERLE	Firm's EIN			
Us	e Only	Firm's address 209 HICKMAN STREET				
		REHOBOTH BEACH, DE 19971	Phone no. 3 0	2-727-4292		
M	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No		

532001 12-18-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.



Form **990** (2015)

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	<u> </u>	-1003347	Page ∠
Par	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III		
•	TO IMPROVE THE CAPACITY OF SCHOLARS TO STUDY INSTITUTIONAL	PROBLEMS	IN
	THEIR OWN COUNTRIES THROUGH WORKSHOPS AND OTHER EDUCATIONAL		
	ACTIVITIES & TO CONDUCT AND PROMOTE RESEARCH ON THE INSTITU		
	REAL ECONOMIC SYSTEMS.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X 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, as meas	ured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses, a	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 101,213. including grants of \$) (Revenue \$	4,9)52. ₎
	HONG KONG, CHINA WORKSHOP/PROGRAM MAY 10-15, 2015		
			
			
		·	_
4b	(Code) (Expenses \$ 67,407 • including grants of \$) (Revenue \$)	10,6	05.)
	TEL AVIV, ISRAEL WORKSHOP , DECEMBER 13-18, 2015		
	(Code) (Expenses \$ 49,973. including grants of \$ 12,403.) (Revenue \$		
4c	(Code) (Expenses \$ 49,973. including grants of \$ 12,403.) (Revenue \$ RESEARCH ON INSTITUTIONAL ECONOMICS/ALUMNI MENTORING AND STATEMENT OF STATEMEN	(IPPORT	—— '
	REDEARCH ON INDITIONAL DECONOMICS/MOUNT MENTORING 1212 5		
		· · ·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 20,373 · including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 238,966.		20 (0045)
53200		Form 95	90 (2015)
12-16-			

			Tes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			4,7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
	Schedule D, Part III	0	-	
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?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
.0	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	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		Х
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		Х
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	١		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		-
ī	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
Ī	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	Į.		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	}		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	١		_~
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	x	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	┢┸	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢"	\vdash	┌╌
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		1
	complete Schedule G, Part III	19	L	X
		Form	990	

			162	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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 prior Forms 990 or 990-EZ? If "Yes," complete			3.7
	Schedule L, Part I	25b		<u>X</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	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	_		x
	complete Schedule L, Part II	26		
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			<u> </u>
26	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١		v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	255		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	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			-
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	
			000	(2015)

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Form	990 (2015) THE RONALD COASE INSTITUTE 43-1885	<u>54</u> 2	P	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
`	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ŀ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	l	х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		 	
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ľ	х
	If "Yes," enter the name of the foreign country.	70		
U	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Ea	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
				X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c	 	<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 C	\vdash	
o a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0.		x
	any contributions that were not tax deductible as chantable contributions?	6a	<u> </u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ļ
_	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 services provided to the payor?	7a	<u> </u>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	├—	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	l	v
	to file Form 8282?	7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		İ	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		l	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them) 11b		i	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
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.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	40.	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forn	1990	(2015)

Form 990 (2015) THE RONALD COASE INSTITUTE 43-1885542 Page
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 n	nstructions						
	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	Enter the number of voting members of the governing body at the end of the tax year	1a		9					
	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 O.			.					
b	Enter the number of voting members included in line 1a, above, who are independent	_1b_		9					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other		. v				
_	officer, director, trustee, or key employee?			2	X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			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 9		is filed?	5		X			
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or	7.		X			
	more members of the governing body?	. ط داد د د		7a					
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	IOCKI	Diders, or	7b		х			
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year	e by th	o followana:	10					
8		נו טאַ נוו	e lollowing.	8a	х				
	The governing body?			8b	71	X			
	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	obod i	nt tha	- 60					
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	icrieu a	at tr ie	9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)						
560	tion B. I offices (This Section B requests information about policies not required by the internal in	5407140	, , , , , , , , , , , , , , , , , , , 		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such cl	nanter	s. affiliates	1.00					
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	р	-, aa,	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v befo	re filing the form?	11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	J						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, " de	escnbe						
	ın 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 approve	al by ır	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ł					
а	The organization's CEO, Executive Director, or top management official			15a		_X_			
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 arrangements	ment v	vith 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	te its p	participation	1					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	nızatıc	n's						
	exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>			
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 ff applicable), 990, and 990-7	Γ (Sect	tion 501(c)(3)s only)	avaılat	le				
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain	ın Sci	hedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	nd finan	cial				
	statements available to the public during the tax year.		,,						
20	State the name, address, and telephone number of the person who possesses the organization's bomARY M SHIRLEY - 202-258-0564	oks ar	nd records:▶						
	5610 WISCONSIN AVENUE, #1602, CHEVY CHASE, MD 208	15							
E2200	5 12-16-15			Forn	990	(2015)			
JJ200	/ IE-19-19					,_,.,			

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.

X Check this box if neither the organization ne	or any related	orga	ınıza	ition	cor	npei	nsat	ted any current officer, o	director, or trustee	
(A)	(B)	(C) Position				(D)	(E)	(F)		
Name and Title	Average	ído	not c	Posi	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box,	unle	less person is both an and a director/trustee)			h an	compensation	compensation	amount of
	week	┝	Jer an	0 2 0	recit	100.007103.007		from	from related	other
	(list any hours for	recto				ŀ		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9 01 4	gg P		ŀ	Stea		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	ruste	l trus		2	ng E		(***-2/1033*****100)		and related
	below	dual	er of		Ę	st co	<u></u>			organizations
	line)	Individual trustes or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY M SHIRLEY	30.00		_		Ē	Ť		-		
PRESIDENT / DIRECTOR		X		X				0.	0.	0.
(2) CLAUDE MENARD	5.00									
TREASURER / DIRECTOR		X		X				0.	0.	0.
(3) LEE K BENHAM	10.00					1				_
DIRECTOR		X			<u> </u>	L	L	0.	0.	0.
(4) DOUGLASS C NORTH(DECEASED 2015)	1.00									_
DIRECTOR	4 4 4 4	X		<u> </u>	_	Ļ.,	L.	0.	0.	0.
(5) KENNETH ARROW	1.00						l			
DIRECTOR	4 66	X	_			<u> </u>	<u> </u>	0.	0.	0.
(6) GARY D. LIBECAP	1.00	١							_	_
DIRECTOR	1 00	X				<u> </u>	_	0.	0.	0.
(7) PHILIP KEEFER	1.00						l	0.	0.	0
DIRECTOR	1 00	X	_	-	├—		<u> </u>	0.	0.	0.
(8) SAM PELTZMAN	1.00	x						0.	0.	0.
OIRECTOR (9) CHENGGANG XU	1.00	Ĥ	┢	⊢	┢	╁┈	⊢			
DIRECTOR	1.00	x				l		0.	0.	0.
(10) ALEXANDRA L H BEHNAM	30.00	Ë	┢	\vdash	⊢	╁╌	-	 	<u></u>	
SECRETARY	30.00	1		x	1			0.	l o.	0.
DECRETACI	-	-	\vdash	 	╁╌	+	╁			
		1	l			1		ľ		}
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	<u> </u>	<u>L</u>	L	<u>i </u>	<u>L</u>	1_			l	- 000 (55.45)

Form **990** (2015)

Par	(A) Section A. Officers, Directors, Trus	stees, Key Em (B)	ploy	ees		<u>d Hi</u> C)	ghe	st C	compensated Employe (D)	es (continued) (E)			(F)	
	Name and title	Average hours per week	offi	not c	Pos heck ss pe	ntion more	than is bot or/trus	h an	Reportable compensation from	Reportable compensatio from related		an	timate lount o other	of
		(list any hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr organo	pensa om the anizate relate nizate	e on ed
			=	<u> </u>	-	=	x 5	=					- · ·	
			-	-										
			-					_						-
									,					
			-											
		-	-											
			-											
		-												
	Sub-total		•	<u> </u>			<u> </u>	>	0.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	le			C
3	Did the organization list any former officer	, director, or tr	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	employee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s			omp	ens	atıoı	n an	d ot	her compensation from	the organization		3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	50,000? If "Yes	, " cc	mpl	ete :	Sch	edul	e J	for such individual			4		X
	rendered to the organization? If "Yes," contion B. Independent Contractors											5		Х
1	Complete this table for your five highest of the organization. Report compensation for										pens	ation 1	rom	
	(A) Name and business	·		ON			<u> </u>		(B) Description of			(Compe		n
				-			_							
														
						·								
													_	
2	Total number of independent contractors \$100,000 of compensation from the organ		not i	ımıte	ed to		ose l	ste	d above) who received i	more than				
	wise, oco or compensation nominate organ					_				·		Form	990 (2015

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			Check if Schedule O conta	ains a resp	onse	or note to any lin				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts st	1 a	3	Federated campaigns	18	а					
اة ق	b)	Membership dues	11	5	-				
S.E	c	;	Fundraising events	10						
i i	d		Related organizations	10	4					
Z,E	e		Government grants (contributi	ons) 1	•					
<u> </u>	f		All other contributions, gifts, grant	_						•
돌			similar amounts not included above	- 1	H	205,306.		1		
풀			Noncash contributions included in lines			124,359.				ļ
Contributions, Gifts, Grants and Other Similar Amounts	-	-	Total. Add lines 1a-1f			<u> </u>	205,306.			
	_	-				Business Code				
o	2 a	a	WORKSHOP FEES			900099	15,557.	15,557.		i
울	- t	_						· 1		
S E	-									
E S		d			_					
Program Service Revenue	•	- -								
ځ	f		All other program service reve	nue						
			Total. Add lines 2a-2f			•	15,557.			
	3		Investment income (including	dividends.	intere	est, and				
	-		other similar amounts)			>	4,379.			4,379.
	4		Income from investment of tax	«-exempt b	ond c	roceeds •				
	5		Royalties							
1	•		,	(i) Rea	al l	(ii) Personal				
	6 a	а	Gross rents		_					
			Less: rental expenses							
			Rental income or (loss)							1
İ			Net rental income or (loss)			•				
			Gross amount from sales of	(i) Secur	ities	(ii) Other				
			assets other than inventory							ĺ
ŀ	t	b	Less: cost or other basis							
			and sales expenses							
	(С	Gain or (loss)							
			Net gain or (loss)			•				
			Gross income from fundraising	g events (n	ot					
Revenue			including \$	of						
8			contributions reported on line	1c). See]
			Part IV, line 18		а		•			
Other	ŀ	b	Less: direct expenses		b					
١	•	C	Net income or (loss) from fund	Iraising eve	ents		_			
	9 a	а	Gross income from gaming ac	tivities. Se	е					
			Part IV, line 19		а					
	ı	b	Less direct expenses		b					
	•	С	Net income or (loss) from gam	ııng actıviti	es					
1	10 á	а	Gross sales of inventory, less	retums						
			and allowances		а					
	ı	b	Less: cost of goods sold		b			1		
L		C	Net income or (loss) from sale	s of invent	ory					
			Miscellaneous Revenu	е		Business Code				
[7	11 :	8								<u> </u>
	1	b				L				<u> </u>
	(С								1
1	(d	All other revenue			<u></u>				ļ
	•	е	Total. Add lines 11a-11d							ļ
4			Total revenue. See instructions.			_	225,242.	15,557.	0	4,379

Form 990 (2015) THE RONALD CO.
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	mplete column (A)	
	Check if Schedule O contains a respor	se or note to any line in			
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			1	
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22	1,000.	1,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	11,403.	11,403.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages _				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		1		
а	Management				
b	Legal				
C	Accounting	3,350.		3,350.	
d	Lobbying .	4 4 5 6			1 1 7 6
е	Professional fundraising services. See Part IV, line 17	4,176.			4,176.
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion			20	
13	Office expenses .	20.		20.	
14	Information technology				
15	Royalties	58,650.	58,650.		
16	Occupancy	43,188.	43,188.		
17	Travel	43,100.	43,100.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	70,345.	70,345.		-
19	Conferences, conventions, and meetings	,0,545.	,0,343.		
20	Interest Payments to affiliates				
21	Payments to affiliates Depreciation, deptetion, and amortization				
22 23	Insurance				
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONSULTANTS	46,562.	44,882.	1,680.	
b	MISCELLANEOUS	4,889.	4,889.		· · · · · · · · · · · · · · · · · · ·
c	EDUCATIONAL & NETWORKIN	4,609.	4,609.		· · · · · · · · · · · · · · · · · · ·
d	BANK SERVICE CHARGES	128.		, 128.	
_	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	248,320.	238,966.	5,178.	4,176.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fif following SOP 98-2 (ASC 958-720)				
					Form 990 (2015)

		Check if Schedule O contains a response or not	e to any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			87,173.	1	50,495.
	2	Savings and temporary cash investments		[413,559.	2	427,159.
	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for	directors,				
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquals	s defined under				
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	oluntary				
ę.		employees' beneficiary organizations (see instr)	Complete Part	II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ĕ :	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	2,607.			
	ь	Less accumulated depreciation	10b	2,607.	0.	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 equ	al line 34)	_	500,732.	16	477,654.
	17	Accounts payable and accrued expenses		<u> </u>		17	
	18	Grants payable	. [.		18		
	19	Deferred revenue		Ļ		19	
	20	Tax-exempt bond liabilities		Ļ		20	
	21	Escrow or custodial account liability. Complete	Part IV of Sche	dule D		21	
98	22	Loans and other payables to current and former		l l		:	
Liabilities		key employees, highest compensated employee	es, and disquali	ified persons.		!	
草		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	-	es		23	
	24	Unsecured notes and loans payable to unrelate		-		24	······································
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24). Compi	lete Part X of		05	
		Schedule D	••	ŀ	0.	25 26	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	N shock boro	and	0.	20	
"	1	complete lines 27 through 29, and lines 33 ar			;		
ĕ	27	Unrestricted net assets	iu 54.			27	
<u>a</u>	28	Temporanly restricted net assets		• •		28	
ĕ	29	Permanently restricted net assets		·		29	
Ĕ	= 0	Organizations that do not follow SFAS 117 (A	SC 958) chec	k here ► X			
F		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		0.	30	0.	
SSe	31	Paid-in or capital surplus, or land, building, or ed		· ·	0.	31	0.
Ä	32	Retained earnings, endowment, accumulated in		· .	500,732.	32	477,654.
ž	33	Total net assets or fund balances	, =	t	500,732.		477,654.
	34	Total liabilities and net assets/fund balances	••		500,732.	34	477,654.

Form	990 (2015) THE RONALD COASE INSTITUTE	43-1885	542	Pag	e 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	225		
2	Total expenses (must equal Part IX, column (A), line 25)	2	248		
3	Revenue less expenses. Subtract line 2 from line 1	3	-23		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	500	, 7.	32.
5	Net unrealized gains (losses) on investments .	_5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		477		- 4
D-	column (B))	10	477	, 0:	<u> </u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		I,	Yes	No
_			_	165	NO
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	اما	ļ	x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	l	X
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	 a hacie			
	consolidated basis, or both.	o busio,			
	Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
·	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir			ļ	
Ja	Act and OMB Circular A-133?	- J	3a	ļ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			Form 9	990 (2015)

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.

2015

Open to Public Inspection

Employer identification number Name of the organization THE RONALD COASE INSTITUTE 43-1885542 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 | 2 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

C	tion A. Dublic Support		-				
	tion A. Public Support			1 1 2 2 2 2 2 1 T			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			ł			
	membership fees received (Do not	05 435	200 050	41 202	06 100	005 006	757 000
	include any "unusual grants.")	25,437.	399,858.	41,203.	86,188.	205,306.	757,992.
2	Tax revenues levied for the organ-			İ			
	ization's benefit and either paid to			į			
	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	25,437.	399,858.	41,203.	86,188.	205,306.	757,992.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			Í		1	
	supported organization) included			į.			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		ļ	1			
	column (f)						498,241.
6	Public support. Subtract line 5 from line 4						259,751.
	tion B. Total Support	·	·····				
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	25,437.	399,858.	(c) 2013 41, 203.	86,188.	205,306.	757,992.
8				, , , , , ,			.
0	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	4,636.	3,774.	5,805.	5,160.	4,379.	23,754.
_		1,030.	3,7720	3,0031	3,1001	2/3/31	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			· ··· ·-			
10	Other income. Do not include gain			ì			
	or loss from the sale of capital						
	assets (Explain in Part VI.)						781,746.
	Total support. Add lines 7 through 10	L				40 1	37,374.
	Gross receipts from related activities					12	31,314.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or 11th ta	x year as a sectio	n 501(c)(3)	
<u>e</u> ~	organization, check this box and storection C. Computation of Publisher	here	rcentage	•			
_						1441	33.23 %
	Public support percentage for 2015 (column (f))	••	14	33 05
	Public support percentage from 2014					15	
16a	33 1/3% support test - 2015. If the				4 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies					. •	▶ L
b	33 1/3% support test - 2014. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	ns box
	and stop here. The organization qua						ightharpoons
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	_	-		-		. ▶□
t	10% -facts-and-circumstances tes	at - 2014. If the org	anization did not o	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, cl	heck this box and s	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-cir-	cumstances* test.	The organization of	qualifies as a public	ly supported org	anızatıon	. ▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	and see instruction	ıs ►L
					Scho	edule A (Form 990	or 990-EZ) 2015

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 fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	olow, please comp	5,0t0 ; q.t <u>7</u>				-
Cale	ndar year (or fiscal year beginning In) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf		:				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ł	Unrelated business taxable income				,		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	the organization	s first second thi	ird fourth or fifth t	lax vear as a section	on 501(c)(3) orga	nization.
.~	check this box and stop here	. a.e organization:	o mot, dooding, till		, our do a door	00 . (0)(0) 0. ga	
Se	ction C. Computation of Publ	ic Support Pe	rcentage	<u> </u>	i	<u> </u>	
_	Public support percentage for 2015 (column (f))		15	%
	Public support percentage from 2014		-			16	_ %
_	ction D. Computation of Inve				•	_	
17	Investment income percentage for 20)15 (line 10c, colui	mn (f) divided by l	ine 13, column (f))	•	17	%
18	, ,					18	%
19:	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box a	· ·	-				▶□
ı	o 33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che						on P
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions	. •

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and Complete Part V)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			Ì
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	<u> </u>	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	<u>l</u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		1	
	organization made the determination.	3b	<u> </u>	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	<u> </u>	<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	ł		
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	1	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	l		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		1	l
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			1
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		1	1
	(iii) the authonty under the organization's organizing document authorizing such action, and (iv) how the action			ł
	was accomplished (such as by amendment to the organizing document)	5a	ļ	Ь.
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			l
	designated in the organization's organizing document?	5b	 	╙
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	Ь—
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		1	l
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	ŀ		1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		l	1
	Part VI.	6	↓ _	⊢
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1 _	1	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	 	₩
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			1
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	-	₩
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		1	
_	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	+	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	OL.		
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	+	 -
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		1	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<u>9c</u>	+	\vdash
TUa	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
	supporting organizations)? If "Yes," answer 10b below.	10a	+	+
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	l l	1	I

determine whether the organization had excess business holdings.)

 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see
 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see
 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see
 ☐ Check here if the current year is the organization is first as a non-functionally-integrated Type III supporting organization (see
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 ☐ Check here if the current year is the organization is first as a non-functionally-integrated Type III supporting organization (see
 ☐ Check here if the current year is the organization is first as a non-functionally-integrated Type III supporting organization (see
 ☐ Check here if the current year is the organization is first as a non-functional year is the organization of the current year is the organization of the current year is the organization of the current year is the organization of the current year is the organization of the current year is the organization of the current year is the current yea

Schedule A (Form 990 or 990-EZ) 2015

1361___1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

3

4

5

Schedule A (Form 990 or 990-EZ) 2015 THE RONALD COASE INSTITUTE 43-1885542 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (iii) Underdistributions Distributable **Excess Distributions** Amount for 2015 Section E - Distribution Allocations (see instructions) Pre-2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: b C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3 and 4c. Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2015

1361 1

c Excess from 2013
 d Excess from 2014
 e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015 TH	E RONALD COAS	E INSTITUTE	43-1885542 Page 8
Part VI	Supplemental Informati Part IV, Section A, lines 1, 2, 3i line 1; Part IV, Section D, lines	ion. Provide the explanation, 3c, 4b, 4c, 5a, 6, 9a, 9b, 92 and 3; Part IV, Section E,	ons required by Part II, line 10; Part II, line 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions.)	d Part V, Section E, lines 2,	5, and 6. Also complete this part for any	additional information.
				
				
				<u>,</u>
	· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·		
<u> </u>				
				
		<u> </u>		
	<u></u>	······································	<u> </u>	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

► Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization Employer identification number THE RONALD COASE INSTITUTE 43-1885542 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of 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 advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 THE RON.	ALD COASE	INST	ITUTE			43-1	885542	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	r Othe	Similar Ass	ets(continue	d)
` 3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following that	are a sig	nıficant use of i	ts collection it	ems
	(check all that apply):								
a	Public exhibition	d	╵╚	Loan or exc	hange prograi	ns			
þ	Scholarly research	e	· 🗀	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co			=	-			art XIII	
5	During the year, did the organization solicit o					r simılar a	assets	٦., г	¬
Do	to be sold to raise funds rather than to be ma					d		Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered "	res" on H	om 990, Part I	v, line 9, or	
10	Is the organization an agent, trustee, custod		tions for	contribution	e or other see	ate not i	actudad	· · ·	
ıa	on Form 990, Part X?	an or other intermet	Jiary IOI	CONTINUUTION	is or ourier ass	ets not ii	Cidded	Yes [□ No
ь.	If "Yes," explain the arrangement in Part XIII	 and complete the fo	llowing 1	tahla:			_	169 [140
	ii res, explain the alrangement in Fait Am	ald complete the ic	mowning i	iabie.				Amount	
С	Beginning balance						1c	741100111	
	Additions during the year						1d		
	Distributions during the year		•				1e		-
f	Ending balance	•				-	1f		
) 2a	Did the organization include an amount on F	orm 990. Part X. line	21. for	escrow or ci	ustodial accou	ınt liabitit		Yes	No
	If "Yes," explain the arrangement in Part XIII.						,		= '''
Par).		
		(a) Current year	1	nor year	(c) Two years) Three years bad	k (e) Four yea	ars back
1a	Beginning of year balance			-					
b	0 19 0								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs				l				
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
C	Temporanly restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd administer	ed for th	e organization		
	by.							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on S	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		owment	funds.					
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	(a) Cost or o basis (investi			or other (other)		cumulated reciation	(d) Book v	alue
1a	Land		_						
b	Buildings								
С	Leasehold improvements				<u> </u>				
d	Equipment			ļ	2,607.		2,607.		0.
	Other .								
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10c)		D		0.
							Sched	ıle D (Form 9	90) 2015

THE RONALD COASE INSTITUTE

43-1885542 Page 4

Schedule D (Form 990) 2015

SCHEDULE F (Form 990)

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identif	ication number
THE RONALD COAS	ፑ ተ ህርጥተጥ	מיינו			43-188554	12
			tside the United States. Comple	ete if the organ		
Form 990, Part IV						
1 For grantmakers. Does	the organization	n maintain recon	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	Yes No
2 For grantmakers. Desc	nbe in Part V the	organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
United States						
3 Activities per Region. (TI	ľ		an be duplicated if additional space is		. <u></u>	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
			bacania appurana a			
EAST ASIA AND THE		,	PROGRAM SERVICES-2 WORKSHOPS	RESEARCH AN	m avarvere	116 977
PACIFIC	<u>'</u>		HURRINGS	RESEARCH AL	ID AMADIBIS	116,977.
MIDDLE EAST AND						
NORTH AFRICA	٥ .		PROGRAM SERVICES-1 WORKSHOP	RESBARCH AN	ND ANALYSIS	67,407.
		······				<u> </u>
EUROPE (INCLUDING			GRANT TO RECIPIENT LOCATED			
ICELAND & GREENLAND)	0	0	IN AREA	RESEARCH GE	RANT	11,403.
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			1			
			1			
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				<u></u>		
				<u> </u>		
			ļ			
3 a Sub-total		0		<u> </u>		195,787.
b Total from continuation					_	
sheets to Part I		0				0.
c Totals (add lines 3a						
and 3b)	1 0	ol o		1		195,787.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

THE RONALD COASE INSTITUTE

43-1885542

Page 2

Schedule	F (Form 990) 2015	THE	RONALD	COASE	INSTITUT	43-1885542
Part II	Grants and Other	Assistance to	Organization	or Entities	Outside the Ur	ed States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who recen	ved more than	\$5,000 Part II	can be dup	licated if addition	I space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				<u> </u>				
		-						
						<u> </u>		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as chanties by the	e foreign country	, recognized as tax-	exempt by		1

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by		
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	▶	
2	Enter total number of other engaggations or entries		

Schedule F (Form 990) 2015

THE RONALD COASE INSTITUTE

43-1885542

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Schedule F (Form 990) 2015	THE RONALD CO	ASE INST	TUTE	4	13-1885542		Page 3
Part III Grants and Other Assista	nce to Individuals Outsid	le the United St	ates. Complete	if the organization answered "Yes	on Form 990, Part	IV, line 16	
Part III can be duplicated if	additional space is neede						,
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(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, appraisal, other)
RESEARCH GRANT	EUROPE (INCLUDING ICELAND & GREENLAND)	1	11,403.	CHECK DRAWN ON US BANK	0.		
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Schedule F (Form 990) 2015

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2015

Yes X No

43-1885542

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SCHEDULE I	
(Form 990)	

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

OMB No 1545-0047

Name of the organization THE RONALD COASE INSTITUTE Employer Identification numb 43 - 1885542 Part I General Information on Grants and Assistance 1 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 criteria used to award the grants or assistance's recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable assistance (d) Amount of cash grant or assistance (he grants and substance to Domestic Grants and Other Assistance to Domestic Grants and Other Assistance (he grants or assistance) (b) EIN (c) IRC section if applicable (d) Amount of cash grant or assistance (he grants and other assistance) (c) IRC section if applicable (d) Amount of cash grant or assistance (he grants or assistance) (d) Amount of cash grant or assistance (he grants or assistance) (e) Amount of valuation (book, FMV, apprassal, other) (f) Method of valuation (book, FMV, apprassal, other)	Department of the Treasury Internal Revenue Service		Informati	on shout Schadule I	Attach to For		t www.im.cov/form99	n		en to Public
Part I General Information on Grants and Assistance 1 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 criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cash grant (a) Amount of cash grant (b) Cook, FMV, appraisal, FMV,	Name of the organizat	tion THE RONAL			(FORTH 650) and 10	a mad de mona ta a	t www.magovnonnoo			
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criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 (a) Name and address of organization or government (b) EIN (c) IRC section or government (d) Amount of cash grant (a) Amount of polycomment (d) Amount of cash grant (e) Amount of polycomment (f) Method or valuation (book, FMV, appraisal) (h) Purpose of grant or assistance (f) Method or valuation (book, FMV, appraisal) (h) Purpose of grant or assistance (financial) (h) Purpose of grant or	1 Does the organi	zation maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	ction	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable cash grant non-cash grant non-cash pro-cash grant non-cash pro-cash assistance (f) Method of valuation (book, FMV, appraisal, non-cash assistance non-cash assistance (non-cash assistance)	_									es 🔲 No
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable applicable cash grant non-cash non-cash product non-cash product non-cash non-cash assistance (b) Purpose of grant non-cash non-cash product non-cash assistance non-cash assistance non-cash assistance							·····			
1 (a) Name and address of organization or government (b) EIN (c) IRC section of applicable cash grant or cash grant (d) Amount of cash grant non-cash fixed points or government (e) Amount of valuation (book, FMV, appraisal, points or assistance or assistance							anization answered "\	es" on Form 990, Par	rt IV, line 21, for any	′
or government if applicable cash grant non-cash yauuation (book, FMV, appraisal, FMV, appraisal, response or assistance or assistance								(a) Description of	(h) Pumos	e of crant
			(b) EII4			non-cash	FMV, appraisal,			
									 	
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table			_		ne line 1 table				≿ —	

Schedule I (Form 990) (2015) THE RONALD C	OASE INSTIT	UTE			43-1885542	Page 2
Part III Grants and Other Assistance to Domestic Indivi		organization ansv	vered "Yes" on Form !	990, Part IV, line 22		
(a) Type of grant or assistance	(f) Description of non-cash assistance					
			-			· ·=·
Part IV Supplemental Information. Provide the information	on required in Part I, lin	ne 2. Part III. colum	nn (b), and any other a	additional information		
PART I, LINE 2:						
THE BOARD DEVELOPS THE SELECTIO	N CRITERIA	OF A GRAN	T. A PROSPE	CTIVE GRANTEE		
IS REQUIRED TO PRESENT A RESEAR	CH PROPOSAL	TO THE B	OARD PRIOR	TO SELECTION.		
THE PROPOSAL INCLUDES A DETAILE	D PLAN OF W	ORK SPECI	FYING DELIV	VERABLES AND A		
TIMETABLE FOR DELIVERY. ONCE S	ELECTED BY	THE BOARD	, A CONTRAC	T WITH THE		<u> </u>
GRANTEE IS SIGNED. PURSUANT TO	THE CONTRAC	T THE GRA	NTEE IS REC	QUIRED TO MAKE	· · · · · · · · · · · · · · · · · · ·	
QUARTERLY ORAL PROGRESS REPORTS	AND TO SUB	MIT A WRI	TTEN PROGRE	SS REPORT		. <u>.</u>
EVERY OTHER QUARTER. PAYMENTS A	RE MADE TO	THE GRANT	EE UPON REC	CEIPT OF THE		
PROGRESS REPORTS.	<u>.</u>	35				
532102 10-28-15		35)		Schedule I (Fo	orm 990) (2015

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SCHEDULE M (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No 1545-0047

2015

Open To Public Inspection

Employer identification number

Schedule M (Form 990) (2015)

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THE RONALD COASE INSTITUTE 43-1885542 Part I Types of Property (d) (a) (c) Number of Noncash contribution Check if Method of determining amounts reported on contributions or applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 3 Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property R 9 Securities · Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other 18 Collectibles 19 Food inventory Drugs and medical supplies 20 Taxidemiy 21 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 124,394.PROVIDED BY HOST (LODGING, Other > 25 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for X 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

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Schedule M	(Form 990) (2015)	HE RUNALD	COASE	INSTITUTE		43-1885542	Page 2
Part II	(Form 990) (2015) Supplemental I	nformation. Pro	vide the info	rmation required by I	Part I, lines 30b, 32b, a	and 33, and whether the organization of both Also con	ation
,——	is reporting in Part I,	column (b), the nur	nber of contr	nbutions, the numbe	r of items received, or	a combination of both Also con	nplete
	this part for any add	rtional information					•
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Schedule M (Form 990) (2015)

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SCHEDULE O

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(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.

► Attach to Form 990 or 990-EZ.

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

2015
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Employer identification number Name of the organization THE RONALD COASE INSTITUTE 43-1885542 FORM 990, PART VI, SECTION A, LINE 2: A DIRECTOR LEE K BENHAM AND THE CORPORATE SECRETARY ALEXANDRA L H BENHAM ARE MARRIED FORM 990, PART VI, SECTION A, LINE 8B: THE INSTITUTE DOES NOT HAVE ANY FORMAL COMMITTEES FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS EMAILED TO EACH DIRECTOR AND OFFICER FOR THEIR REVIEW BEFORE FILING FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST, IF ANY, ARE REQUIRED TO BE DISCLOSED BY BOARD MEMBERS AT BOARD MEETINGS FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THESE DOCUMENTS WILL BE PROVIDED BY MAIL UPON REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2015)