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### EXTENDED TO NOVEMBER 15, 2017

Form **990** 

Department of the Treasury Internal Revenue Service

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

▶ 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.

OMB No 1545-0047

11

AI	ror the	2016 calendar year, or tax year beginning and	enuing		
В	Check if applicable	C Name of organization	-	D Employer identific	eation number
	Addre	THE RONALD COASE INSTITUTE			005540
	Name change	Doing business as		43-1	885542
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	TFInal	ALEXANDRA BENHAM 6346 WATERMAN AVE	ł	314-	862-0351
_	termin- ated		<del></del>	G Gross receipts \$	117,306.
_	Ameno			H(a) Is this a group re	
┝	iretum □ Applic			4	
Ц	⊥lión pendir	I P Name and address of principal officer. 122 21 21 21 21 21 21 21 21 21 21 21 21	OTTA OR	for subordinates	
		3610 WISCONSIN AVE, SOITE 1602, CREVI		4 ' '	
		empt status: 🗶 501(c)(3) 🔲 501(c)( ) ◀ (insert no.) 🔲 4947(a)(1)	or 527		list. (see instructions)
		e: ► WWW.COASE.ORG		H(c) Group exemption	n number >
K	Form of	organization: X Corporation Trust Association Other ▶	L Year	of formation: 2000 N	A State of legal domicile; MO
P	artil	Summary			
	1	Briefly describe the organization's mission or most significant activities: ${ m {f TO}}$ ${ m {f C}}$	ONDUC	AND PROMOT	E ECONOMIC
Activities & Governance		RESEARCH ON REAL ECONOMIC SYSTEMS.			
٤	2	Check this box  if the organization discontinued its operations or dispositions.	osed of more	1 1	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
9	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
Š	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	0
_ŧ	-6	Total number of volunteers (estimate if necessary)			
냚	7.9	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
₹	' "	Net unrelated business taxable income from Form 990-T, line 34	•	7b	0.
	<del>                                     </del>			Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)	<i>)</i>	205,306.	96,966.
ă	8			15,557.	15,357.
Revenue	9	Program service revenue (Part VIII, line 2g)	7   05	4,379.	4,983.
Ę	10	Investment Income (Part VIII, column (A), lines 3, 4, and 3 d) NOV 07 201	<sup>4</sup> \છે <del>}</del> ી	2,3,50	2,500
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d (SD)c, and 11e)		225,242.	117,306.
	12	Total revenue - add lines 8 through 11 (must equal Part VII), column (A), line 12	<del>31    </del>	12,403.	0.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-30 GPERI		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line-4)		0.	0:
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	' · ⊢	4,176.	2,100.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			I
Ş	b		100.		
щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	231,741.	130,290.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u> _	248,320.	132,390.
	19	Revenue less expenses. Subtract line 18 from line 12		-23 <u>,</u> 078.	-15,084.
ts or	3		В	eginning of Current Year	End of Year
Sign	20	Total assets (Part X, line 16)	L	477,654.	462,570.
S. C.	Š 21	Total liabilities (Part X, line 26)	. [	0.	0.
Net Asset	22	Net assets or fund balances. Subtract line 21 from line 20		477,654.	462,570.
P	art II	Signature Block			
Un	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedu	les and stater	nents, and to the best of m	ly knowledge and belief, it is
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	which prepare	r has any knowledge.	
		Many M. Lainey		10/2	3/2017
Sig	gn	Signature of pricer		Date /	•
He	re	MARY M SHIRLEY, PRESIDENT			
		Type or print name and title			
	•	Print/Type preparer's name Preparer's et nature	10	i	X PTIN
Pa	ld	ROBERT S DIETERLE	we	10/19/17 self-employ	yed P00227272
Pro	eparer	Firm's name ROBERT S DIETERLE		Firm's EIN	· · · · · · · · · · · · · · · · · · ·
Üs	e Only	Firm's address 209 HICKMAN STREET			
	-	REHOBOTH BEACH, DE 19971		Phone no. 3 0	2-727-4292
Ma	ay the l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
_	2001 11-		tions.		Form <b>990</b> (2016)

	990 (2016) THE RONALD COASE INSTITUTE 43-188	5542	_ P	age 3
Pai	t <sup>3</sup> IV. Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	Jf "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
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	ļ	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			7,
_	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	_		х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
۵	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8	<del> </del>	
3	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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		3.	14.5
	as applicable			77.5
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ľ
	Part VI	11a		- X
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	<u> </u>	X
С	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	1	ì	,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		Х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<del> </del>	A
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	120	ļ	x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<del>                                     </del>
	if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ŀ	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	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		ļ	

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Х

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

1c and 8a? If "Yes," complete Schedule G, Part II

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Part-IV Checklist of Required Schedules (continued)

	·		Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		<u> </u>
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			l _
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 prior Forms 990 or 990-EZ? If "Yes," complete			l .
	Schedule L, Part I	25b	<u> </u>	X
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,"			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	L	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	1 35	in and	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	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	4,5	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	ļ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	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	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	]		_ v
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l	1,,
	Part V, line 1	34	ļ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35 <u>a</u>	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		l	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_	<del>                                     </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Forn	1 990	(2016)

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1s - Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable  5		Check if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W-SQ included in line 1s. Enter 0-th not applicable O bd the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winning is to prize winners?  22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, like of the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a greater than 250, you may be required to 4-fel see instructions)  30 Dd the organization have unrelated business gross income of \$1,000 or more during the year?  31 Will **Yes**, 1 and **If deal **Tom 900 of for the year if **No.** to its 90, your dan explanation in Schedule O  32 B				Ī	Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winness?  Enter the number of emphyses reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  I bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  I that least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  I that least one is reported on line 2a, did the organization file and interest in, or a signature or other authority over, a financial account in a toning the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a toning country (such as a bank account, securities account, or other financial accountry?  See instructions for filing requirements for FinctOR Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  We see the organization as a bank account, securities account, or other financial accountry?  See instructions for filing requirements for FinctOR Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  We see the organization as party to a prohibited tax shetter transaction?  See instructions for filing requirements for FinctOR Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  We see the organization as party to a prohibited tax shetter transaction?  See the designal party hority the organization solicit and any contributions and party for goods and services provided to the organization solicit any contributions that were not tax deductible as charitable contributions and party for goods and services provided to the payor?  If the organization receive	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	5[-	, - c	) (S	4
gambing winnings to prize winners?  2	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	-326		
22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  1 If all least one is reported on line 2a, did the organizations file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaments	ing	1.5		¥ 25
illied for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required derail employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  5b. If "Yes," has a filed a Form 990 or for this year? If "No," to line 3p, provide an explanation in Schedule O  5c. The sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  5c. All X arry time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, account, account, or other financial account)?  5c. All X arry time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account, and the organization account, account, accounts, account, accounts, account, or other financial account)?  5c. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c. Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  6c. If "Yes," in the did the organization foreign a scharitable contributions and the organization and the organization foreign a plant in encess of \$75 made parity as a contribution of part of years and part of the organization receive a payment in encess of \$75 made parity as a contribution of payment organization receive a payment in encess of \$75 made parity as a contribution of program and part of years and part of years and part of years and part of years and payment organization receive a payment in encess of \$75 made parity as a contribution of years and payment organization file and payment organization and payment o		(gambling) winnings to prize winners?	L	1c	X	<u></u>
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  38 but the organization have unrelated business gross income of \$1,000 or more during the year?  39 but the organization have unrelated business gross income of \$1,000 or more during the year?  39 but the viganization have unrelated business gross income of \$1,000 or more during the year?  39 but the viganization have unrelated business gross income of \$1,000 or more during the year other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  40 but year, such the rise man end in the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  50 but any statelle party notify the organization that it was or is a party to a prohibited tax year?  50 but any statelibe party notify the organization that it was or is a party to a prohibited tax year?  50 but any statelibe party notify the organization file form 8886-17?  61 but the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  62 but the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions?  63 but the organization receive a symmetric excess (§5 mediparity as a contribution of understated party) for goods and services provided to the period of the period of the visit of the period of the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			37	Stry s
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	O ′	7.5	1.50	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country?  5b If 'Yes,' ribert the name of the foreign country?  5c was the organization of the foreign country?  5c was the organization have any to a prohibited tax shelier transaction at any time during the tax year?  5c If 'Yes,' to line Sa of 5b, did the organization that it was or is a party to a prohibited tax shelier transaction?  6c If 'Yes,' to line Sa of 5b, did the organization file Form 88867 at organization at any time during the tax year?  5c If 'Yes,' to line Sa of 5b, did the organization file Form 88867 at organization state were not tax deductible as charitable contributions?  6c If 'Yes,' to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6c If 'Yes,' did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible as charitable contributions?  6c If 'Yes,' did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible organization include with every solicitation and express statement that such contributions or gifts were not tax deductible organization such excess of \$75 male parity as a contributions and parity for goods and services provided to the peyon?  6d If 'Yes,' did the organization excess a payment in excess of \$75 male parity as a contribution and parity for goods and services provided?  6d If 'Yes,' did the organization organization organization organization and parity or indirectly, on a personal benefit contract?  7d If the organization excess a payment in excess of \$75 male parity as a contribution organization contract?  7d If the organization received a contribution of cars, boats,	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>.</u> L	2b		
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  4a X  5b if "Yes," enter the name of the foreign country   ▶  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5ce Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5c if Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c if Yes," to line 5a or 5b, did the organization file Form 8889-17?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not ax deductible is a chartable contributions.  6c If Yes," did the organization include with every solicitation an express statoment that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  7 b if Yes," indicate the number of Forms 8282 filed during the year  9 bid the organization receive any hinds, directly or indirectly, to pay premiums on a personal benefit contract?  7 b if the organization cleaved a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 Sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year  9 S		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	~	×		12.5
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country   Power    5a Was the organization of the foreign country   Power    5b Was the organization have an unable of the foreign of the foreign of the foreign spank and Financial Accounts (FBAF).  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  5c If "Yes," in line face of 5b, did the organization file Form 8886 r?  6c Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the were not tax deductible as chantable contributions?  6c If "Yes," did the organization muldle with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization share proceive a payment in excess of \$5's made partly as a contribution of the value of the goods or sentences provided to the payor?  5d If "Yes," include the number of Forms 8282 field during the year  9 Did the organization of the value of the goods or sentences provided?  10 Did the organization of the value of the goods or sentences provided to the payor?  4 If Yes include the number of Forms 8282 field during the year  9 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7 Sponsoring organization make any taxable distributions of a donor advised funds.  1 If the organization has a maintaining donor advised funds. Did a donor advised funds.  1 If the organization has a maintaining donor advised funds. Did a donor advised funds.  1 If the organizatio	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	L	3a		X
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b If "Yes," enter the name of the foreign country >  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax, year?  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax, year?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should be organization nature annual gross receipts that are normally greater than \$100,000, and did the organization sholicit any contributions that were not tax deductible as charitable contributions?  5c Deas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sholicit any contributions that may receive deductible contributions are express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization network wheneys deliberation of tangible personal property for which it was required to file Form 8282?  7d If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organization may the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f Did the organization may the year, pay premiums, directly or indirectly, on a personal benefit contract?  7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any travable distributions under section 4966?  9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any travable distributions	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	a		j	
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THE RONALD COASE INSTITUTE 43-1885542 Form 990 (2016) 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 Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 8 **b** Enter the number of voting members included in line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b b 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 reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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? 15a a The organization's CEO, Executive Director, or top management official 15b b Other officers or key employees of the organization 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 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Another's website Own website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MARY M SHIRLEY - 202-258-0564 MD 5610 WISCONSIN AVENUE, #1602, CHEVY CHASE, 20815

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Form **990** (2016)

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### Form 990 (2016) 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

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

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

Name and Title	(A)	(B)	T		10	C)			(D)	(E)	(F)
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<u>r al</u>	Section A. Officers, Directors, Trus	stees, Key Em (B)	pioy	ees		d Hi C)	igne	st (	<del></del>		т		
	(A) Name and title	Average	}		Pos	itior	ו		(D) Reportable	(E) Reportable	}	(F) Estimat	ed
	· ·	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	۱	amount	
		week	⊢	cer an	id a d	irecto	or/trus	tee)	- irom	from related		other	
		(list any hours for	individual trustee or director				L		the	organizations (W-2/1099-MIS		compensa from th	
		related	96 01 0	stee		]	nsated		organization (W-2/1099-MISC)	(44-2/1099-14113	~	organiza	
		organizations	trust	nal tru	l	oyee	ompe.		' '		l	and rela	
		below I:ne)	lividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organızat	ions
		in ic)	트	Ë	1 15	ξ.	₹5	Ē	<del> </del>				
			ł										
			_			<del>                                     </del>	<del>                                     </del>						
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			_			<u> </u>	<u> </u>	_					
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		ļ	-	-		├	$\vdash$	$\vdash$	<del> </del>	-			
				l									
		<del> </del>	$\vdash$	<del>                                     </del>		1	+-	$\vdash$	<del>                                     </del>				<del></del>
						7	,			, , <u>=</u>			
		<u> </u>			<u> </u>		<u> </u>	_					
		<u> </u>				1	'						
						-		_					
			ł			İ							
1b	Sub-total		-	I	L		_	<b>•</b>	0.	<del></del>	0.		0.
c	Total from continuation sheets to Part V	II, Section A						<b>•</b>	0.		0.		0.
<u>d</u>	Total (add lines 1b and 1c)	<del> </del>						<u> </u>	0.		0.		0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wh	no r	received more than \$100	,000 of reportable	Э		_
	compensation from the organization	<del></del>						_	<del></del>	· <del>-</del> · · · · · · · · · · · · · · · · · · ·		Yes	0 No
3	Did the organization list any former officer,	director or tri	ietai	s ko	w er	mnlo	waa	٥r	highest compensated a	mplovee on	Г	163	140
·	line 1a? If "Yes," complete Schedule J for s		3500	J, KG	y Ci	пріс	усс,	, 01	riigilest compensated e	inployee on	ľ	3	Х
4	For any individual listed on line 1a, is the si		le co	omp	ensa	atior	n and	d ot	her compensation from	the organization	t		
	and related organizations greater than \$15									Ū		4	_ X
5	Did any person listed on line 1a receive or a							elat	ted organization or indiv	dual for services		W4	1,-
<u> </u>	rendered to the organization? If "Yes," com	plete Schedule	e J f	or st	ıch <sub>i</sub>	pers	son					5	X
	Complete this table for your five highest or	moonastad := :		- بـ س						Φ100 000 - f - · · ·			
1	Complete this table for your five highest co the organization. Report compensation for										pensa	auon (rom)	
	(A)	trio ogioridar y	<u> </u>	<u>Jilan</u>	<u> </u>	VICII	<u> </u>		(B)	, cai		(C)	
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	C	ompensatio	n
								_[	<u> </u>				
								-					
			_	-				$\dashv$					
								_	<u> </u>				
	<del></del>							$\perp$					
2	Total number of independent contractors (i		ot in	mite	d to		se lis O	stec	d above) who received n	nore than	٠.	وللحوادية	, '
	\$100,000 of compensation from the organi	ZaliON								···-	<u>-</u>	Form <b>990</b>	(2016)

	990 rt- <b>VI</b>			DASE INST	TTUTE		43-1885	542 Page 9
· · · · · · ·	1	Check if Schedule O cont		or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a				到海南 少路	Sagrana .
	b	Membership dues	1b		The state of the s	There is no feet to the state of	سرواست قرص المساوري و و	
3.5	С	Fundraising events	1c			1 m	المراجع أتأة المكوية أيجا	化2000年
	d	Related organizations	1d					LATER MA
( E E	e	<b>5</b> ,	·		space 建乳脂肪基			
اع و	Ť	All other contributions, gifts, gran similar amounts not included abo		96,966.				
55	~		ــــــــــــــــــــــــــــــــــــــ	30,706.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
and Other Similar Amounts	g h	Total. Add lines 1a-1f	1 (2-11 5	30,750.	96,966.			
		TOTAL TOTAL		Business Code			2 Dec 2 - 1000	
ų l	2 a	WORKSHOP FEES		900099	15,357.		A war was a construction	Le contract - e al se de
ا ہ جُ	b	<u> </u>						
Revenue	c							
6	d							
<u>3</u> —	е							
•	f		enue	Ļ	45 255	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>	
-	g 3				15,357.	3 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	3	Investment income (including other similar amounts)	aiviaenas, inter	est, and	4,983.	1	,	4,983
	4	Income from investment of ta	x-exempt bond i	araceeds -	1,505.			1,303
	5	Royalties		5,00000				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(ı) Real	(II) Personal	1-		٠ - ق	` ` ` ` .
-	6 a	Gross rents		,			, , , , , ,	
	b	Less: rental expenses						
	С	Rental income or (loss)				4 1, 1 1, 1	· ^ .	
1	d	Net rental income or (loss)		<b></b>				
	7 a	Gross amount from sales of	(i) Securities	(iı) Other			,	
		assets other than inventory		<u> </u>	, A , A , A , A , A , A , A , A , A , A		*	1
	b	Less: cost or other basis		ĺ			* '\$-	
	_	and sales expenses		ļ				
	C	Gain or (loss) Net gain or (loss)			S			
		Gross income from fundraisin	a events (not					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ng	0 0	including \$	of		45 N 46 4 2 N 8 741 1	يو يو يو يو يو يو يو يو يو	ر پهرونو دره اورکند و دره دره دره دره دره دره دره دره دره دره	a economic to acquer se
Other Revenue		contributions reported on line						* *
<u>بر</u>		Part IV, line 18	a				200	
Ĕ	b	Less: direct expenses	b			ar the afficient		35 x 12 3
٦	C	Net income or (loss) from fund	draising events	<b></b>				
	9 a	Gross income from gaming ac	tivities. See					
- 1		Part IV, line 19	а				The state of	
ļ		Less. direct expenses	b			San San San San San San San San San San	1 - 2 ×	get at it of a second in
		Net income or (loss) from gam	-	<u> </u>		-1		, , ,
	і а	Gross sales of inventory, less and allowances			Co. 75		[14] July 1819	
ŀ	h	Less. cost of goods sold	a b		· 10 10 10 10 10 10 10 10 10 10 10 10 10	and the second s		13
		Net income or (loss) from sale		<b></b>		\$2.5 - 1.7%		
ŀ		Miscellaneous Revenu		Business Code	- 54, 7,	50 80 1		- 4 7 7 7 7 7 7
	11 a						the second second	
	b							
1	c							
	.d	All other revenue		1				

4,983.

e Total. Add lines 11a-11d

Total revenue. See instructions.

15,357

117,306

# Form 990 (2016) THE RONALD CO. Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

0001	ion 50 (c)(3) and 50 (c)(4) organizations must com	<del></del>		ompiete column (A).	<del></del>
	Check if Schedule O contains a respon	nse or note to any line in  (A)	/B\	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			THE HOLLINGS	· · · · · · · · · · · · · · · · · · ·
	and domestic governments. See Part IV, line 21			李宝是包括法法	<b>通過這個人類的</b>
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				4 242
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
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		A		
10	Payroll taxes	. <u></u>			
11	Fees for services (non-employees).				
а	Management				
b	Legal				
C	Accounting	3,825.		3,825.	
d	, ,				
е	Professional fundraising services. See Part IV, line 17	2,100.	- 1	* 1 *	2,100.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			Ì	
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	518.		518.	
14	Information technology				
15	Royalties				<del></del>
16	Occupancy	21,724.	21,724.		
17	Travel	48,318.	48,318.	-	
18	Payments of travel or entertainment expenses	1	,		
	for any federal, state, or local public officials	4.6.0.60			
19	Conferences, conventions, and meetings	16,968.	16,968.		
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		· · ·		
23	Insurance		7		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line	The age to the state of the	La maria . The horas mile . The Want .	دوارگر است آن از از از از از از از از از از از از از	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	24e amount exceeds 10% of line 25, column (A)	fring x of the got of	ر از از از از از از از از از از از از از	Light with the second	1 - 4 James ( 4/2 - 16 )
	amount, list line 24e expenses on Schedule 0.)	20.000	00 640	4 000	
а	CONSULTANTS	30,930.	29,640.	1,290.	
b	EDUCATIONAL & NETWORKIN	5,163.	5,163.		
C	MISCELLANEOUS	2,844.	2,844.		
d					<del></del>
е	All other expenses	120 200	104 CEB		0 400
25	Total functional expenses. Add lines 1 through 24e	132,390.	124,657.	5,633.	2,100.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	Ì			
	Check here following SOP 98-2 (ASC 958-720)				

632010 11-11-16

		Check if Schedule O contains a response or not	e to any line in this Part X	<del></del>		<del>, L_</del>
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		50,495.	1	51,707.
	2	Savings and temporary cash investments		427,159.	2	410,863.
ļ	3	Pledges and grants receivable, net			_3_	
i	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,			1 - 1 - 1 - 1
		trustees, key employees, and highest compensa-	ated employees Complete		1,327	
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under		1755	
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
ļ		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary		1.7	
2		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Paser.	7	Notes and loans receivable, net			7	
۱ ۲	8	Inventories for sale or use			8	
- }	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment, cost or other			١,	Jan Jan Barana
		basis Complete Part VI of Schedule D	10a 0.		, , ,	
	b	Less accumulated depreciation	10b 0.	0.	10c	0.
	11	Investments - publicly traded securities			11	
- {	12	Investments - other securities See Part IV, line 1	1		12	1
	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 equa	al line 34)	477,654.	16	462,570.
	17	Accounts payable and accrued expenses	, , , , , ,	17		
- 1	18	Grants payable		18		
	19	Deferred revenue		19		
ł	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
	22	Loans and other payables to current and former	officers, directors, trustees,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
		key employees, highest compensated employee	s, and disqualified persons.		, '	the first teachers.
		Complete Part II of Schedule L			22	
'	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
ı	25	Other liabilities (including federal income tax, pay	ables to related third			
- 1		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D	•		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
1		Organizations that follow SFAS 117 (ASC 958)	, check here			
1		complete lines 27 through 29, and lines 33 and	d 34.			
	27	Unrestricted net assets			27	. , , , , , , , , , , , , , , , , , , ,
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 🗓			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		and complete lines 30 through 34.	,,		-	
1	30	Capital stock or trust principal, or current funds		0.	30	0.
	31	Paid-in or capital surplus, or land, building, or eq	uipment fund	0.	31	0.
	32	Retained earnings, endowment, accumulated inc	•	477,654.	32	462,570.
:	33	Total net assets or fund balances	,	477,654.	33	462,570.
	34	Total liabilities and net assets/fund balances		477,654.	34	462,570.
					_ <u></u> -	Form <b>990</b> (2016)

Form	1 990 (2016) THE RONALD COASE INSTITUTE	43-188	5542	Pag	ge 12
Pa	rt XI. Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1.	Total revenue (must equal Part VIII, column (A), line 12)	1		7,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47	7,6	<u>54.</u>
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,				
	column (B))	10	46	2,5	70.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		13.55	6	21E. 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: О.			- N
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 reviewe	d on a			33.
	separate basis, consolidated basis, or both:		= ~;	,	-
	Separate basis Consolidated basis Both consolidated and separate basis		4	' ;	الم يو دمه
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	1 1	`,~,	
	consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis		Ę	*	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie 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 Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit	* ***		2 A
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	nred audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990 (	(2016)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

15	<del></del>			SE INSTITUTE				3-1005542
	ırt 🌅	Reason for Public						
The	organ	ization is not a private found	iation because it is: (	For lines 1 through 12, o	check only	one box.)		
1	$\vdash$	A church, convention of ch	urches, or association	on of churches describe	d ın <b>sectio</b>	n 170(b)(	1)(A)(ı).	
2	$\square$	A school described in sect	ion 170(b)(1)(A)(ıı). (	Attach Schedule E (Forn	n 990 or 99	90-EZ))		
3	$\square$	A hospital or a cooperative	hospital service orga	anızation described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	I described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state.					*****	
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	illy receives a substa	intial part of its support t	from a gov	ernmenta	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	닏	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)			
9	ш	An agricultural research org	ganızatıon described	in section 170(b)(1)(A)(	(i <b>x)</b> operate	ed in conji	inction with a land-grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions)	Enter the	name, cit	y, and state of the colleg	je or
		university:						· · · · · · · · · · · · · · · · · · ·
10		An organization that norma	illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975
		See section 509(a)(2). (Co						
11	H	An organization organized						_
12	ш	An organization organized						
		more publicly supported or	=					check the box in
		lines 12a through 12d that	• •			•	* * *	
а	l L	☐ <b>Type I.</b> A supporting orga	•	•				•
		the supported organization			a majority	of the aire	ctors or trustees of the s	supporting
		organization. You must o						
b	,	☐ Type II. A supporting org						_
		control or management of			same perso	ons that co	ontrol or manage the sur	portea
_		organization(s). You mus	•					
C	:	☐ Type III functionally inte	-				• •	ed with,
		its supported organizatio						matian(a)
C				- ·-			* * * * * * * * * * * * * * * * * * * *	
		that is not functionally int						iveriess
		requirement (see instruct Check this box if the organic		•				
е		functionally integrated, or					a Type I, Type II, Type III	
	Ente	er the number of supported	• •	nally integrated support	ing organiz	Zation.		
,		ride the following information	_	nd organization(s)				
		i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization	1	(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see instructions)	support (see instructions)
		- <del> </del>		above (see instructions)				
				-				
					]			
		· · · · · · · · · · · · · · · · · · ·		.,				
		,	]	·	[ ]	,		
Tota	al		Spring State		7 T A	2 2 4		

# Schedule A (Form 990 or 990 EZ) 2016 THE RONALD COASE INSTITUTE 43-18855 Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	399,858.	41,203.	86,188.	205,306.	96,966.	829,521.					
2	Tax revenues levied for the organ-											
	ization'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	000										
4	Total. Add lines 1 through 3	399,858.	41,203.	86,188.	205,306.	96,966.	829,521.					
5	The portion of total contributions											
	by each person (other than a	May be and	againe Paranta na na ang Maran	() () () () () () () () () () () () () (	Production of the second							
	governmental unit or publicly supported organization) included											
	supported organization) included on line 1 that exceeds 2% of the											
						A Comment of the Comm						
	amount shown on line 11, column (f)						E40 E0E					
_	` '		1 . 31 2	, , , , , , , , ,			542,505.					
	Public support. Subtract line 5 from line 4 ction B. Total Support	se fag of fore e gar	· 142 - 4 2 2 4 2 4	manga yan ke n	managher of the	2 - My - 74 - 74	287,016.					
	ndar year (or fiscal year beginning in)	(a),2012	(b) 0010	(0) 0014	(A) 001E	(=) 0010	(f) Tatal					
	Amounts from line 4	399,858	(b) 2013 41,203.	(c) 2014 86, 188.	(d) 2015 -205, 306.	(e) 2016 96, 966.	(f) Total 829,521.					
	Gross income from interest,	333,030.	41,203	00,100.	203,300.	50,500.	027,321.					
Ŭ	dividends, payments received on											
	securities loans, rents, royalties											
	and income from similar sources	3,774.	5,805.	5,160.	4,379.	4,983.	24,101.					
9	Net income from unrelated business				2/3/30	1,5031	21/1010					
-	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 VI)											
11	Total support. Add lines 7 through 10						853,622.					
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	49,256.					
13	First five years. If the Form 990 is for		•	d, fourth, or fifth ta	ı x year as a sectioi	n 501(c)(3)						
	organization, check this box and stop		·									
	tion C. Computation of Publ											
	Public support percentage for 2016 (I		=	olumn (f))	]	14	33.62 %					
15	Public support percentage from 2015					15	33.23 %					
16a	33 1/3% support test - 2016. If the o				14 is 33 1/3% or m	ore, check this bo						
	stop here. The organization qualifies a						ightharpoons X					
b	33 1/3% support test - 2015. If the o				line 15 is 33 1/3%	or more, check th	is box					
47.	and stop here. The organization qualifies as a publicly supported organization											
1/a	17a 10% -facts-and-circumstances test - 2016. 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 <b>stop here.</b> Explain in Part VI how the organization											
<b>L</b>	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  h 10% -facts-and-circumstances test 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 in 10% or											
D	b 10% -facts-and-circumstances test - 2015. 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, check this box and <b>stop here.</b> Explain in Part VI how the											
18	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions											
-10	Tribate roundation. If the organization	IT GIG TIOL CHECK & I	JOA OIT IIITE 13, 108	a, 100, 178, 01 170		na see instructions dule A (Form 990						
					JUITE	~~ ~ (1 CK1111 320)	U 330-LLL/2010					

# Schedule A (Form 990 or 990-EZ) 2016 THE RONALD COASE INSTITUTE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

16 Public support percentage from 2015 Schedule A, Part III, line 15     16     %       Section D. Computation of Investment Income Percentage       17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))     17     %	Sec	ction A. Public Support	ociow, piedase com	pioto i urt ii.j			<u>.                                    </u>	
1 Grits, grants, contributions, and mambership fees received, (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services part formed, or facilities furnahed in any activity that is related to the organization's tax-enomet purpose of gross receipts from admissions, merchandise sold or services part from admission, merchandise sold or services from admission and activities that are not an unrelated trade or business under section 613 3 Gross receipts from admission from the part or consideration in the part of consideration in the part of consideration benefit and either part to corresponded or into sheld? 5 The value of services or findities furnished by a governmental unt to the organization without charge 6 5 The value of services or findities furnished by a governmental unt to the organization without charge 6 6 Total, Add lines 1 through 5 7 As Amounts modulated on lens 1, 2, and 3 received from adjustment values or less 2 and 3 received from state that desired and a received from state that desired from a services or less 2 and 3 received from state that desired from a services or less 2 and 3 received from state that desired from a services or less 2 and 3 received from state sould be reported.  9 Public support, learning from lines 2 (a) and 3 received from state sould be reported from state sould be reported from state sould be reported from state sould be reported from state sould be reported from state sources or less and received from state sources or less and received from state sources or less and received from state sources or less and received from state sources or less and received from state sources or less and received from state sources or less and received from state sources or less and received from state sources or less and received from state sources or less and received from state sources or less and received from state sources or less and received from state sources or less and received from state sources or less and received from state sources	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
include any 'unusual grants,')  Gross receipts from advisesors, merchandise sod or services performed, or facilities turnshed in any activity that is related to the organization's take-sempt purpose  3. Gross receipts from activities that are not an unrelated trade or bus iness under section 513  4. Tax revenues level for the organization's take-sempt unrelated trade or bus iness under section 513  5. The value of services or facilities from the section of the services or facilities from the section of the section of the services or facilities from the section of the section of the services or facilities from the section of the	1	Gifts, grants, contributions, and						.,
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Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2015 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	•		the organization	5 711 Oct, 0000110, 11111	ia, roartii, or mare	ax year as a seen	or our (o)(o) organiz	<b>▶</b> □
Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  15	Sec		ic Support Pe	rcentage	<del>·····································</del>	<del> </del>	<del></del>	
16 Public support percentage from 2015 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions					column (fl)		15	%
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							<del></del>	%
17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions					<del></del>		1.01	
18 Investment income percentage from 2015 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<del></del>					17	%
19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions				· · ·	10, 00.007111 (1))			
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		,		•	on line 14, and line	e 15 is more than		
b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	, 30							
line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization  20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	L							and -
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	C							
	20			_			-	
			in did not check a	DOX OIT III 14, 18	a, or 190, Check t			0 or 000 E7\ 0040

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

Castian A	All Comparing Organizations
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)
	and Bill you checked 12b of Fart 1, complete Sections A and C. If you checked 12c of 1 art 1, complete

	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1	3
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	14.3.5		જૂ કહે
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	7		373
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	Section 2	100	z*: °
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2 d	" " " " " " " " " " " " " " " " " " "	45.
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	أشيبه بكراء	1 mg	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		1112	13.5
	organization made the determination	3b	<u> </u>	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3/天元	12 6	1
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		7-1-	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b			٠ ,	15.
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	A	44	× -+ 3
	despite being controlled or supervised by or in connection with its supported organizations	4b	i .	ľ
c	Did the organization support any foreign supported organization that does not have an IRS determination	- 1-	,	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		5,50	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		-1	13
	purposes	4c	,	
5a	0.641/00.11			1- 2-
ou	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN	- " -		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	grand and design	5 DW	12 h
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	W 27 2		- '''
	was accomplished (such as by amendment to the organizing document).	5a		1
h	Type I or Type II only. Was any added or substituted supported organization part of a class already			1
	designated in the organization's organizing document?	5b	1	
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	77 (5		
U	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	3. N	- 	
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		8-1-1	1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	15.4%	715,	11.
	Part VI.	6	] <i>*                                   </i>	1
٠,		T 22	<u> </u>	1
′	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	پ ر د ی		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		1
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	4,53		, S 23
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		1 * -
٥-	and the second s	1 -2 9 - 7	- F- V	<del> </del>
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		] ~\frac{1}{2}^4 \cdots
		9a	1	C 2 2 2
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	- 5a	100	Figure 97
b		9b	*	1
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>		<b>†</b> •	75.
С	·	,	· · · ·	145
46	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	1.5	5 5 5
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	John A	100	تورية أ
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	35 mout	1.75	1 500
	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	10b	'   ~~~	1 "
	determine whether the organization had excess business holdings.)	I IUD		

	Supporting Organizations (continued)			
		r	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		12 15 to	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		S Frizz	275
	below, the governing body of a supported organization?	11a		₩
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Ition B. Type I Supporting Organizations	11c		L
Sec	tion b. Type I Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to	1, 20, 30, 3	163	300
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4 17	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	2797	400	
	controlled the organization's activities. If the organization had more than one supported organization,			,,,,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1 1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	. حدید ا	^\`~
2	Did the organization operate for the benefit of any supported organization other than the supported	m 20 1		,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		6	13.5
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	3 2 2 2 2 2 2	, , ,	
	supervised, or controlled the supporting organization.	2	*	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	- 130 TV	2.	13.00
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		(,2 %)	- i -i
	or management of the supporting organization was vested in the same persons that controlled or managed		- E.	
	the supported organization(s).	1 1	<u> </u>	L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		`	*
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		., .	J
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		, `	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	35.25	रुष्ट्रम ह	757 5
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		41.	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part Vi how	أ أ	375	15 1/2 1
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	1.
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	[		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		ζ,	
	supported organizations played in this regard	3		15.74
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions	;).		
a ·		,		
b				
С		structions	i).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а		7377-2		1.
	the supported organization(s) to which the organization was responsive? If "Yes, " then in Part VI Identify		:	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		W	
	how the organization was responsive to those supported organizations, and how the organization determined	300	5 % 3 %	
	that these activities constituted substantially all of its activities	2a		↓
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			· . '
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			S
	reasons for the organization's position that its supported organization(s) would have engaged in these	3,71	3	
	activities but for the organization's involvement	2b		<del>  -</del>
3	Parent of Supported Organizations. Answer (a) and (b) below.	18 - 5 -		
а		1-11-		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			4
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	l .	

632025 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	on Nov. 20, 1970 (explain in f	Part VI ) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	, 8		
Sect	tion B <sup>-</sup> - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	É.	EE NOTE WAS STANDED	(A), [[[]] (A) (A) (A)
	instructions for short tax year or assets held for part of year)	r",		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
-4	Total (add lines 1a, 1b, and 1c)	1d	,	
e	Discount claimed for blockage or other	٠. ٠.	Brether agraphy of the h	- 3 B. D 4. 7 B. H. S
	factors (explain in detail in Part VI).			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
8	Multiply line 5 by 035	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	note to be a second	
2	Enter 85% of line 1	2	. 7 / 1 2 7,2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	- 12 6 644 , 1241 3 64	
5	Income tax imposed in prior year	5	the transfer to the terms of	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y intear	ated Type III supporting orga	anization (see
		- 3	2, 1, 3	•

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 THE RONALD COASE INSTITUTE

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)	<u></u>		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI). See instructions			<u> </u>
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
<b>.</b>		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	and the second second	1. L. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016			
а		, , , , , , , , , , , , , , , , , , , ,	Light of the first of the	
b	and all of the decompaging of an art of the property and the enterior of pattern and the contraction	والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع	و ينه به دسته د الله د د د د د د د د د د د د د د د د د د	and the state of t
c	From 2013		State of the state of	
d	From 2014		the product of the major of the party	The state of the s
е	From 2015			white adjusted is a superior with the property of the state of the sta
f	Total of lines 3a through e		71 4 7	
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount		· · · · · · · · · · · · · · · · · · ·	
<u>    i                                </u>	Carryover from 2011 not applied (see instructions)			
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f	A CONTRACT OF STREET	second and and second and and and and and and and and and a	and the second of the second of the second
4	Distributions for 2016 from Section D,			The second of th
	line 7. \$	Change Service	3 2 3 3 3 3 3 4 5 6 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater	I was on a straight of	,	e sichas i meda e e e
6	than zero, explain in Part VI See instructions	A CONTRACTOR OF THE CONTRACTOR	Marie - Land Land Land - Marie	1-2-1-1
O	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3			1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to
•	and 4c			The same of the same of
8	Breakdown of line 7:	The second second		
a	Dreakdown of line 7.			
<u>a</u>	Excess from 2013	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contract of the Contract of th	स्य विश्वीत स्वयं विश्वीत
		And the second second and the		THE REPORT OF THE PARTY OF
d				The state of the s
	Excess from 2016		144 1 5 1 3 9 1 V	
<del>_</del>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	

# 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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

THE RONALD COAS	E INSTIT	UTE		43-188554	. 2
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple		
Form 990, Part I					
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Desc United States	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the
	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed)	
(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f).Total expenditures for and investments in the region
					ļ
EAST ASIA AND THE		0	PROGRAM SERVICES-1 WORKSHOP-PRIOR YEAR	DEGENDAL AND ANALYSIS	4 330
MIDDLE BAST AND	-	- 0	NORRSHOP-PRIOR IBAR	RESEARCH AND ANALYSIS	4,330.
NORTH AFRICA -					}
ALGERIA, BAHRAIN,			PROGRAM SERVICES-1		
JIBOUTI, EGYPT,		0	WORKSHOP=PRIOR-YEAR	RESEARCH AND ANALYSIS	19,226.
EUROPE (INCLUDING					
(CELAND & GREENLAND)					}
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PRPGRAM SERVICES-1 WORKSHOP	RESEARCH AND ANALYSIS	67,963.
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3 a Sub-total	0	0			91,519.
<b>b</b> Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a			was no to Eging a superson to the second contract the w	and the state of t	
and 3b)	0	0	Cartin To State Mr. S. Williams	The second secon	91,519.
UA For Panaguark Badust	a a And Maderia		f F 000	0.1.1.1.1.	E 000\ 0046

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99 recipient who received more than \$5,000. Part II can be duplicated if additional 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 noncash assistance
		,				
		:				
		,		,		

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

J	Enter total	number of	other	organi	zations o	r entities

### THE RONALD COASE INSTITUTE

43-1885542

Part IIIs Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance

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 separately file Form 5713; International Boycott Report (see

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

Schedule F (Form 990) 2016

Yes

X No

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.irs.gov/form990.

OMB No 1545-0047

Open To Public Inspection

THE RONALD COASE INSTITUTE

Employer identification number 43-1885542

Pa	TTI Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part Vi	ted on		(d) of determining tribution amou	nts
1	Art - Works of art				.,			
2	Art - Historical treasures	_					<del></del>	
3	Art - Fractional Interests							
4	Books and publications		A 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·				
5	Clothing and household goods	ļ	er tree - sheep					
6	Cars and other vehicles					<del></del>		
7	Boats and planes							
8	Intellectual property	,				<del></del>	<del></del>	
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or				<u> </u>			
	trust interests				l			
12	Securities - Miscellaneous	,			<del>''                                   </del>	<del> </del>		
13	Qualified conservation contribution -						<del></del>	
	Historic structures							
14	-Qualified-conservation-contributionOther							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other		-				~~	
18	Collectibles		-			··-·		•
19	Food inventory			`	,			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts					<del>_</del> .		
23	Scientific specimens					<del></del>		
24	Archeological artifacts							
25	Other (LODGING, MEAL)	X	1	30	,706.	PROVIDED	BY HOST	
26	Other (							
27	Other (							
28	Other ( )					-		
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82		=		29			
				•	<u> </u>		Yes	No No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, that it	- 37	
	must hold for at least three years from the date						2 3-12	, 's de
	exempt purposes for the entire holding period		ŕ				30a	<b>x</b>
b	If "Yes," describe the arrangement in Part II.						2 B 2 B 3	<del></del>
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandar	d contribut	tions?	31	X
32a	Does the organization hire or use third parties						1	1
	contributions?		<u> </u>	, g			32a	x
b	If "Yes," describe in Part II.							+
33	If the organization didn't report an amount in o	column (c) for	r a type of property	/ for which column	(a) is chec	ked.		
	describe in Part II	. (-, , -,	At the property	,	,_,		1,7 5 ]	i , <sub>d</sub> . ( )
LHA		the Instruc	tions for Form 99	0.		Schedule	M (Form 990	1 (2016)

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Schedule M (Form 990) (2016) THE RONALD COASE: INSTITUTE:	43-1885542	Page 2
Supplemental Information. Provide the information required by Part I, lines:30b, 32 is reporting in Part I, column (b), the number of contributions, the number of items received this part for any additional information	2b, and 33, and whether the organiza, or a combination of both. Also comp	tion
•		
<del></del>		
		-
		<u> </u>
32142 08-23-16	Schedule M (Form 9	30) (201

## SCHEDULÉ O

(Form 990 or 990-EZ)

Name of the organization

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**Employer identification number** 

THE RONALD COASE INSTITUTE	43-1885542
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
XIAMEN WORKSHOP-PRIOR YEAR AND EDUCATION AND NETWORKING	
EXPENSES \$ 9,493. INCLUDING GRANTS OF \$ 0. REVENUE \$	3 0.
FORM 990, PART VI, SECTION A, LINE 2:	······································
A DIRECTOR LEE K BENHAM AND THE CORPORATE SECRETARY ALEX	KANDRA 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 11B:	
THE FORM 990 IS EMAILED TO EACH DIRECTOR AND OFFICER FOR	R THEIR REVIEW
BEFORE FILING	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICTS OF INTEREST, IF ANY, ARE REQUIRED TO BE DISCLO	SED 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