

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

SEPTEMBER 30, 2014

| | |
|--|---|
| Prepared for | THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE 40 PRESIDENTIAL DRIVE NO. 200 SIMI VALLEY, CA 93065-0600 |
| Prepared by | ROSE, SNYDER & JACOBS, LLP 15821 VENTURA BLVD, SUITE 490 ENCINO, CA 91436 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. |

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

SEPTEMBER 30, 2014

| | |
|--|---|
| Prepared for | THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE 40 PRESIDENTIAL DRIVE NO. 200 SIMI VALLEY, CA 93065-0600 |
| Prepared by | ROSE, SNYDER & JACOBS, LLP 15821 VENTURA BLVD, SUITE 490 ENCINO, CA 91436 |
| Amount due or refund | NO AMOUNT IS DUE. |
| Make check payable to | NO AMOUNT IS DUE. |
| Mail tax return and check (if applicable) to | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027 |
| Return must be mailed on or before | AUGUST 17, 2015 |
| Special Instructions | THE RETURN SHOULD BE SIGNED AND DATED. |

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

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**


| | | |
|---|--|--|
| B Check if applicable: | C Name of organization THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 40 PRESIDENTIAL DRIVE 200 City or town, state or province, country, and ZIP or foreign postal code SIMI VALLEY, CA 93065-0600 F Name and address of principal officer: JOHN HEUBUSCH 40 PRESIDENTIAL DR, SIMI VALLEY, CA 93065 | D Employer identification number 77-0054631 E Telephone number (805) 522-2977 G Gross receipts \$ 30,777,920. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.REAGANLIBRARY.COM K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1985 M State of legal domicile: CA | | |

Part I Summary

| | | | | | | | |
|------------------------------------|--|----------------|----------------------------------|-----------------|---------------------|------------------------------------|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE'S PRIMARY EXEMPT PURPOSE IS TO RECEIVE AND 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 112 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 35,861. b Net unrelated business taxable income from Form 990-T, line 34 0. | Revenue | | Expenses | | Net Assets or Fund Balances | |
| | | | Prior Year | | Current Year | | |
| | 8 Contributions and grants (Part VIII, line 1h) | | 7,456,115. | | 18,602,993. | | |
| | 9 Program service revenue (Part VIII, line 2g) | | 3,263,413. | | 3,259,638. | | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 4,804,467. | | 2,651,526. | | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 2,971,402. | | 2,847,819. | | |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 18,495,397. | | 27,361,976. | | |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 477,150. | | 616,897. | | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | | 0. | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 5,458,990. | | 5,580,609. | | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 823,864. | | 657,358. | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,021,742. | | | | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 12,224,429. | | 12,909,147. | | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 18,984,433. | | 19,764,011. | | |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | | -489,036. | | 7,597,965. | | |
| | | | Beginning of Current Year | | End of Year | | |
| | 20 Total assets (Part X, line 16) | | 274,624,096. | | 292,433,726. | | |
| | 21 Total liabilities (Part X, line 26) | | 7,961,477. | | 7,835,908. | | |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | | 266,662,619. | | 284,597,818. | | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | |
|-------------------------------|---|--|---|
| Sign Here | Signature of officer GLENN BAKER, CHIEF FIN. OFFICER Type or print name and title | Date | |
| Paid Preparer Use Only | Print/Type preparer's name CRAIG M. FRYE Firm's name ▶ ROSE, SNYDER & JACOBS, LLP Firm's address ▶ 15821 VENTURA BLVD, SUITE 490 ENCINO, CA 91436 | Preparer's signature  Date 07/17/15 | Check <input type="checkbox"/> if self-employed PTIN P00090236 Firm's EIN ▶ 45-4095250 Phone no. (818) 461-0600 |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE MISSION OF THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE IS TO PROMOTE RONALD REAGAN'S LEGACY AND THE PRINCIPLES HE CHAMPIONED, THROUGH EDUCATIONAL PROGRAMMING, COMMUNITY OUTREACH, PUBLIC SPEECHES AND DEBATES AND EXHIBITRY, WHICH NOT ONLY TEACH VISITORS ABOUT OUR

2 Did the organization undertake any significant program services during the year which were not listed on

the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,118,125. including grants of \$) (Revenue \$ 478,709.)
[CENTER OF PUBLIC AFFAIRS]

A FORUM OF IDEAS WHERE INFLUENTIAL LEADERS FROM GOVERNMENT, BUSINESS, THE MEDIA AND ACADEMIA APPLY THE LESSONS LEARNED DURING RONALD REAGAN'S REMARKABLE PRESIDENCY

> CHRIS MATTHEWS (HOST: MSNBC'S HARDBALL): 10/9/13

> SCOTT BERG (AUTHOR): 10/10/13

> CHARLES KRAUTHAMMER (AUTHOR): 11/2/13

> JAKE TAPPER (HOST: CNN'S THE LEAD WITH JAKE TAPPER): 11/11/13

> KEN WALSH (CHIEF WH CORRESPONDENT, US NEWS AND WORLD REPORT): 11/14/13

4b (Code:) (Expenses \$ 2,472,436. including grants of \$ 616,897.) (Revenue \$ 2,780,929.)
[PRESIDENTIAL LEARNING CENTER]

A PLACE WHERE SCHOOL CHILDREN ARE INSPIRED TO LEARN ABOUT THIS COUNTRY'S GREAT LEGACY OF PRESIDENTIAL LEADERSHIP AND THE IMPORTANCE CHARACTER PLAYS IN OUR DEMOCRACY.

> AIR FORCE ONE DISCOVERY CENTER: OVER 26,000 5TH THROUGH 8TH GRADE STUDENTS WENT THROUGH THE LIBRARY'S INTERACTIVE AND IMMERSIVE EDUCATIONAL FACILITY KNOWN AS THE AIR FORCE ONE DISCOVERY CENTER. DURING THIS EXPERIENCE, STUDENTS PARTICIPATE IN ROLE-PLAYING EXERCISES BASED UPON THE 1983 UNITED STATES RESCUE MISSION OF AMERICAN STUDENTS IN GRENADA TO LEARN HOW GOVERNMENT WORKS AND HOW DECISIONS ARE MADE.

4c (Code:) (Expenses \$ 10,607,487. including grants of \$) (Revenue \$ 1,712,143.)
[THE MUSEUM]

THE STORY OF RONALD AND NANCY REAGAN AND OUR 40TH PRESIDENT'S ENDURING LEGACY

TEMPORARY EXHIBITS

> SPY: THE SECRET WORLD OF ESPIONAGE (OCTOBER 30, 2013 - MARCH 9, 2014): MAKING ITS WEST COAST PREMIERE AT THE RONALD REAGAN PRESIDENTIAL LIBRARY AND MUSEUM, SPY: THE SECRET WORLD OF ESPIONAGE WAS AN UNPRECEDENTED 12,000 SQUARE FOOT EXHIBITION CREATED THROUGH A COLLABORATION BETWEEN THE CIA, FBI, THE NATIONAL RECONNAISSANCE OFFICE,

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 14,198,048.

**THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Form 990 (2013)

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Part 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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | X | |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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 as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|------------|----------|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> | 25b | 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 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | 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): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | X |

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|--|---------------|-------------|--------------|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 53 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c X | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 112 | | |
| 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 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b X | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a X | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | 3b X | |
| 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)? | | | 4a X |
| b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b X |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| 6a Does 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 charitable contributions? | | | 6a X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a X | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b X | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the organization make any taxable distributions under section 4966? | | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | 13a | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c Enter the amount of reserves on hand | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 14b | |

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ X

Section A. Governing Body and Management

| | | Yes | No |
|---|-----------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 26 | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b | 26 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | X | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 Did the organization have members or stockholders? | 6 | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|---|------------|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 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 | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | X | |
| 13 Did the organization have a written whistleblower policy? | 13 | X | |
| 14 Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a The organization's CEO, Executive Director, or top management official | 15a | X | |
| b Other officers or key employees of the organization | 15b | X | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AR, AZ, CA, CT, FL, GA, HI, IL, IN, KY, LA, ME**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CARY L. GARMAN, CPA - (805)577-4107**
40 PRESIDENTIAL DRIVE, SIMI VALLEY, CA 93065-0600

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) NANCY REAGAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (2) FREDERICK J. RYAN, JR. CHAIRMAN | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) CATHERINE G. BUSCH SECRETARY | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) JOHN F. W. ROGERS TREASURER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) RICK J. CARUSO TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) MICHAEL P. CASTINE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) LODWRICK M. COOK TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) STEVE FORBES TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) BRADFORD M. FREEMAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) RUDOLPH W. GIULIANI TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) ROBERT M. HIGDON, JR TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) JEFFREY R. IMMELT TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) ANN MCLAUGHLIN KOROLOGOS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) K. RUPERT MURDOCH TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) THEODORE B. OLSON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) GERALD L. PARSKY TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) JIM PATTISON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) A. JERROLD PERENCHIO TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) T. BOONE PICKENS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) GEORGE SHULTZ TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) ROBERT H. TUTTLE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) PETE WILSON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) ANDREW J. LITTLEFAIR TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) JON M. HUNTSMAN, JR. TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) PEGGY NOONAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) BEN C. SUTTON, JR. TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 1,997,395. | 0. | 310,725. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,997,395. | 0. | 310,725. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

| | Yes | No |
|---|-------------------|----------|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--|---------------------|
| COMMAND PERFORMANCE CATERING 5273 COMMERCE STREET #6, MOORPARK, CA 93021 | FOOD SERVICES | 827,756. |
| BASE SPY CRAFT USA, 3009 POST OAK BLVD SUITE 1200, HOUSTON, TX 77056 | MUSEUM EXHIBIT | 513,570. |
| ROBBINS KERSTEN DIRECT, 855 EAST COLLINS BOULEVARD, RICHARDSON, TX 75081-2251 | DIRECT MAIL SERVICES AND CONSULTING | 435,439. |
| DECOR INTERIOR DESIGN, INC., 2937 EAST 4TH STREET, LOS ANGELES, CA 90033 | JANITORIAL SERVICES | 391,757. |
| INFO 2 EXTREME, INC., 5777 W CENTURY BLVD. #1500, LOS ANGELES, CA 90045 | WEB SITE DESIGN AND SUPPORT | 280,798. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **17**

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) JOHN D. HEUBUSCH EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 475,441. | 0. | 47,599. |
| (28) GLENN BAKER CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | | 212,851. | 0. | 42,838. |
| (29) JOANNE M. DRAKE CHIEF ADMINISTRATIVE OFFIC | 40.00 | | | X | | | | 177,947. | 0. | 39,255. |
| (30) HAYDEN SHAW III CHIEF DEVELOPMENT OFFICER | 40.00 | | | | X | | | 292,269. | 0. | 33,785. |
| (31) WENDY WITHERS DIR. OF FOUNDATION & CORPORATE RELAT | 40.00 | | | | X | | | 158,144. | 0. | 21,400. |
| (32) CARY GARMAN FINANCIAL CONTROLLER | 40.00 | | | | | X | | 144,357. | 0. | 29,073. |
| (33) MELISSA GILLER DIRECTOR OF COMMUNICATIONS | 40.00 | | | | | X | | 134,581. | 0. | 34,733. |
| (34) MARK FITZPATRICK DIRECTOR OF INFORMATION SE | 40.00 | | | | | X | | 143,853. | 0. | 28,008. |
| (35) KATHLEEN A. SWIFT DIR. OF RETAIL & BUS. DEVE | 40.00 | | | | | X | | 135,810. | 0. | 21,086. |
| (36) ANTHONY PENNAY DIR. OF PRES. LEARNING CENTER | 40.00 | | | | | X | | 122,142. | 0. | 12,948. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 1,997,395. | | 310,725. |

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|--|--|--|----------------------|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 18,602,993. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 84,971. | | | |
| | h Total. Add lines 1a-1f | | 18,602,993. | | | |
| Program Service Revenue | 2 a AIR FORCE ONE ADMISSION | Business Code 900099 | 2,780,929. | 2,780,929. | | |
| | b FOUNDATION SPECIAL EVENT FEES | 900099 | 478,709. | 478,709. | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 3,259,638. | | | |
| | Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,376,000. | | |
| 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| 5 Royalties | | | 520,139. | | | 520,139. |
| 6 a Gross rents | | (i) Real 1,459,467. | | | | |
| b Less: rental expenses | | (ii) Personal 879,791. | | | | |
| c Rental income or (loss) | | 579,676. | | | | |
| d Net rental income or (loss) | | | 579,676. | | | 579,676. |
| 7 a Gross amount from sales of assets other than inventory | | (i) Securities 1,660,000. | | | | |
| b Less: cost or other basis and sales expenses | | (ii) Other 1,384,474. | | | | |
| c Gain or (loss) | | 275,526. | | | | |
| d Net gain or (loss) | | | 275,526. | | | 275,526. |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | a | | | | |
| b Less: direct expenses | | b | | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | | a | | | | |
| b Less: direct expenses | | b | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | | a | 2,899,683. | | | |
| b Less: cost of goods sold | b | 1,151,679. | | | | |
| c Net income or (loss) from sales of inventory | | 1,748,004. | 1,712,143. | 35,861. | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions. | | 27,361,976. | 4,971,781. | 35,861. | 3,751,341. | |

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒ **X**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 616,897. | 616,897. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,501,529. | 613,681. | 136,605. | 751,243. |
| 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 | 3,000,413. | 2,059,843. | 372,727. | 567,843. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 306,368. | 177,864. | 39,395. | 89,109. |
| 9 Other employee benefits | 393,073. | 233,430. | 44,471. | 115,172. |
| 10 Payroll taxes | 379,226. | 231,353. | 36,268. | 111,605. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 49,468. | | 49,468. | |
| c Accounting | 86,530. | | 86,530. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 657,358. | | | 657,358. |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 870,620. | 851,730. | 18,890. | |
| 12 Advertising and promotion | 521,971. | 521,971. | | |
| 13 Office expenses | 143,136. | 37,289. | 86,353. | 19,494. |
| 14 Information technology | 480,190. | 401,620. | 44,624. | 33,946. |
| 15 Royalties | | | | |
| 16 Occupancy | 1,679,856. | 1,463,188. | 216,668. | |
| 17 Travel | 184,801. | 78,937. | 52,668. | 53,196. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 55,335. | | 55,335. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,110,644. | 4,110,644. | | |
| 23 Insurance | 184,800. | 184,800. | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a TAXES & FILING FEES | 104,792. | | 104,792. | |
| b EXHIBITS | 1,019,311. | 1,019,311. | | |
| c PRINTING & PUBLICATIONS | 571,659. | 142,285. | | 429,374. |
| d EVENTS | 518,810. | 490,568. | | 28,242. |
| e All other expenses SEE SCH O | 2,327,224. | 962,637. | 199,427. | 1,165,160. |
| 25 Total functional expenses. Add lines 1 through 24e | 19,764,011. | 14,198,048. | 1,544,221. | 4,021,742. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here ☐ if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 9,286,043. | 2 | 9,491,456. |
| | 3 Pledges and grants receivable, net | 35,235,713. | 3 | 45,143,003. |
| | 4 Accounts receivable, net | 685,237. | 4 | 685,071. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 973,731. | 8 | 954,095. |
| | 9 Prepaid expenses and deferred charges | 642,106. | 9 | 451,961. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 135,402,122. | | |
| | b Less: accumulated depreciation | 10b 50,887,369. | 88,152,262. | 10c 84,514,753. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 139,636,327. | 12 | 151,180,710. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 12,677. | 15 | 12,677. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 274,624,096. | 16 | 292,433,726. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,633,761. | 17 | 1,462,658. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 6,327,716. | 23 | 6,373,250. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 7,961,477. | 26 | 7,835,908. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 152,387,520. | 27 | 152,952,823. |
| | 28 Temporarily restricted net assets | 48,429,793. | 28 | 65,028,073. |
| | 29 Permanently restricted net assets | 65,845,306. | 29 | 66,616,922. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 266,662,619. | 33 | 284,597,818. |
| | 34 Total liabilities and net assets/fund balances | 274,624,096. | 34 | 292,433,726. |

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 27,361,976. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 19,764,011. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 7,597,965. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 266,662,619. |
| 5 | Net unrealized gains (losses) on investments | 5 | 10,337,234. |
| 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 | 284,597,818. |

Part XII 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form **990** (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization **THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Employer identification number
77-0054631

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- | | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) | | |
| (ii) A family member of a person described in (i) above? 11g(ii) | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) | | |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2013

THE RONALD REAGAN PRESIDENTIAL

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION AND INSTITUTE

77-0054631 Page 2

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|-----------|-----------|----------|----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 36218543. | 41804027. | 9834639. | 7456115. | 18602993. | 113916317 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 36218543. | 41804027. | 9834639. | 7456115. | 18602993. | 113916317 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 34199735. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 79716582. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|-----------|-----------|----------|----------|-----------|-------------|
| 7 Amounts from line 4 | 36218543. | 41804027. | 9834639. | 7456115. | 18602993. | 113916317 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3206185. | 3870949. | 3962653. | 4162028. | 4391824. | 19593639. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 133509956 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 28,943,745. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|---|----|-------|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 59.71 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 49.71 | % |
| 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | | |
| b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | |
| 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | |
| b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | | |

Schedule A (Form 990 or 990-EZ) 2013

THE RONALD REAGAN PRESIDENTIAL

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION AND INSTITUTE

77-0054631 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2013. 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 - 2012. 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

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE

Employer identification number

77-0054631

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules**☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE

Employer identification number

77-0054631

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | N/A FOR PUBLIC DISCLOSURE | \$ 492,833. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | N/A FOR PUBLIC DISCLOSURE | \$ 1,465,801. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | N/A FOR PUBLIC DISCLOSURE | \$ 400,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | N/A FOR PUBLIC DISCLOSURE | \$ 8,634,245. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

323452 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization **THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Employer identification number
77-0054631

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 148,171,329. | 135,587,811. | 121,831,359. | 118,594,712. | 110,700,203. |
| b Contributions | 771,616. | 904,137. | 129,063. | 6,281,185. | 1,162,991. |
| c Net investment earnings, gains, and losses | 12,325,453. | 12,617,381. | 14,545,389. | -3,044,538. | 6,731,518. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 960,000. | 938,000. | 918,000. | | |
| f Administrative expenses | | | | | |
| g End of year balance | 160,308,398. | 148,171,329. | 135,587,811. | 121,831,359. | 118,594,712. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %b Permanent endowment ☐ %c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 22,656,143. | | 22,656,143. |
| b Buildings | | 85,780,240. | 50,887,369. | 34,892,871. |
| c Leasehold improvements | | | | |
| d Equipment | | 26,965,739. | | 26,965,739. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 84,514,753. |

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) PRIVATE EQUITY SECURITIES | 4,407,278. | END-OF-YEAR MARKET VALUE |
| (B) EQUITY MUTUAL FUNDS | 78,580,406. | END-OF-YEAR MARKET VALUE |
| (C) TRUST FUNDS HELD BY | | |
| (D) OTHERS | 4,019,196. | END-OF-YEAR MARKET VALUE |
| (E) FIXED INCOME MUTUAL FUNDS | 64,030,864. | END-OF-YEAR MARKET VALUE |
| (F) COMMODITIES MUTUAL FUNDS | 142,966. | END-OF-YEAR MARKET VALUE |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 151,180,710. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|--------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 39,917,980. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 10,337,234. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 2,218,770. |
| e | Add lines 2a through 2d | 2e | 12,556,004. |
| 3 | Subtract line 2e from line 1 | 3 | 27,361,976. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 27,361,976. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|--------------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 21,982,781. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 2,218,770. |
| e | Add lines 2a through 2d | 2e | 2,218,770. |
| 3 | Subtract line 2e from line 1 | 3 | 19,764,011. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 19,764,011. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

EXPLANATION: NATIONAL ARCHIVES AND RECORDS ADMINISTRATION ("NARA")

MAINTAINS THE COLLECTION FOR THE FOUNDATION. UPON COMPLETION OF THE

LIBRARY'S CONSTRUCTION IN 1991, NARA ASSUMED RESPONSIBILITY FOR THE

OPERATION, SECURITY AND MAINTENANCE OF THE LIBRARY AS A PRESIDENTIAL

ARCHIVAL DEPOSITORY. HOWEVER, THE OPERATION AND MAINTENANCE OF CERTAIN

PORTIONS OF THE LIBRARY, INCLUDING THE AREAS DESIGNED FOR THE MUSEUM

STORE, THE AIR FORCE ONE PAVILION AND THE FOUNDATION OFFICES REMAIN THE

RESPONSIBILITY OF THE FOUNDATION. ACCOUNTS RECEIVABLE FROM NARA AMOUNTED

TO \$156,353 AT SEPTEMBER 30, 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

| | |
|--|------------|
| PROVISION FOR UNCOLLECTIBLE PLEDGES NETTED AGAINST REVENUE | 187,300. |
| COST OF GOODS SOLD NETTED AGAINST REVENUE | 1,151,679. |
| RENTAL EXPENSES NETTED AGAINST REVENUE | 879,791. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 2,218,770. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|------------|
| PROVISION FOR UNCOLLECTIBLE PLEDGES NETTED AGAINST REVENUE | 187,300. |
| COST OF GOODS SOLD NETTED AGAINST REVENUE | 1,151,679. |
| RENTAL EXPENSES NETTED AGAINST REVENUE | 879,791. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 2,218,770. |

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013Open to Public
Inspection

Name of the organization

**THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Employer identification number

77-0054631**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on
Form 990, Part IV, line 14b.**1** For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No**2** For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.**3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|--|-------------------------------------|--|---|--|--|
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | PROGRAM SERVICES | INTERNATIONAL EVENTS: EXPENDITURES FOR THE REPAIRS OF THE STATUE IN LONDON WHICH WAS | 30,414. |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 0 | 0 | | | 30,414. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 30,414. |

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

Schedule F (Form 990) 2013

SEE PART V FOR COLUMN (E) DESCRIPTIONS

**THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

77-0054631

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| | | | | | | | | |
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| | | | | | | | | |

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Schedule F (Form 990) 2013

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 3, COLUMN (E):

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(E) SPECIFIC TYPES OF SERVICES IN REGION: INTERNATIONAL EVENTS:

EXPENDITURES FOR THE REPAIRS OF THE STATUE IN LONDON WHICH WAS UNVEILED
IN JULY 2011 DURING CENTENNIAL ANNIVERY EVENT OVERSEAS, WHERE RONALD
REAGAN'S LEGACY OF INSPIRING FREEDOM AND CHANGING THE WORLD WAS
CELEBRATED.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open To Public
Inspection

Name of the organization **THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Employer identification number
77-0054631

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☒ Internet and email solicitations
c ☒ Phone solicitations
d ☒ In-person solicitations
e ☒ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|------------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| ROBBINS KERSTENDIRECT - 855 EAST COLLINS BLVD, | DIRECT MAIL CONSULTING | | X | 1,881,410. | 435,439. | 1,445,971. |
| PORTER GORDON SILVER COMMUNICATIONS, INC - 3960 | FUNDRAISING CONSULTANT | | X | 750,000. | 129,738. | 620,262. |
| STANLEY M. BARATTA - 667 CORTE ROSALINDA, CAMARILLO, | FUNDRAISING CONSULTANT | | X | 100,000. | 9,000. | 91,000. |
| PARAGON CHARITABLE SERVICES GROUP, INC. - 35 INVERARY, | FUNDRAISING CONSULTANT | | X | 25,000. | 83,181. | -58,181. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 2,756,410. | 657,358. | 2,099,052. |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

THE RONALD REAGAN PRESIDENTIAL

Schedule G (Form 990 or 990-EZ) 2013 FOUNDATION AND INSTITUTE

77-0054631 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|--------------|--------------|------------------|--|
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | | | | |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| | 2 Cash prizes | | | | |
| Direct Expenses | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

THE RONALD REAGAN PRESIDENTIAL

Schedule G (Form 990 or 990-EZ) 2013 **FOUNDATION AND INSTITUTE**

77-0054631 Page **3**

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ROBBINS KERSTENDIRECT

(I) ADDRESS OF FUNDRAISER: 855 EAST COLLINS BLVD, RICHARDSON, TX 75081

(I) NAME OF FUNDRAISER: PORTER GORDON SILVER COMMUNICATIONS, INC

(I) ADDRESS OF FUNDRAISER: _____

3960 HOWARD HUGHES PRKWY, 9TH FLOOR, LAS VEGAS, NV 89169

(I) NAME OF FUNDRAISER: STANLEY M. BARATTA

(I) ADDRESS OF FUNDRAISER: 667 CORTE ROSALINDA, CAMARILLO, CA 93010

(I) NAME OF FUNDRAISER: PARAGON CHARITABLE SERVICES GROUP, INC.

(I) ADDRESS OF FUNDRAISER: 35 INVERARY, DOVE CANYON, CA 92679

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization **THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Employer identification number
77-0054631

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2013)

**THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

77-0054631

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| GE REAGAN SCHOLARS AND VENTURA COUNTY SCHOLARSHIPS | 100 | 616,897. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

**EXPLANATION: TO ENSURE APPROPRIATE USE OF THE SCHOLARSHIP FUNDS, THEY ARE
SENT TO THE STUDENT'S SCHOOL WITH GUIDANCE FOR USE AND INSTRUCTIONS TO
RETURN THE FUNDS IF THEY ARE NOT USED.**

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

**THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Employer identification number

77-0054631

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☒ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b

Yes

No

X

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2

Yes

No

X

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☒ Written employment contract

☒ Independent compensation consultant

☒ Compensation survey or study

☒ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4a

Yes

No

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

Yes

No

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

Yes

No

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5a

Yes

No

X

b Any related organization?

5b

Yes

No

X

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6a

Yes

No

X

b Any related organization?

6b

Yes

No

X

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7

Yes

No

X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

Yes

No

X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

Yes

No

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

Schedule J (Form 990) 2013

**THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Schedule J (Form 990) 2013

77-0054631

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) JOHN D. HEUBUSCH EXECUTIVE DIRECTOR | (i) | 395,441. | 80,000. | 0. | 26,000. | 21,599. | 523,040. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) GLENN BAKER CHIEF FINANCIAL OFFICER | (i) | 202,851. | 10,000. | 0. | 21,285. | 21,553. | 255,689. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JOANNE M. DRAKE CHIEF ADMINISTRATIVE OFFIC | (i) | 167,947. | 10,000. | 0. | 17,795. | 21,460. | 217,202. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) HAYDEN SHAW III CHIEF DEVELOPMENT OFFICER | (i) | 262,269. | 30,000. | 0. | 26,000. | 7,785. | 326,054. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) WENDY WITHERS DIR. OF FOUNDATION & CORPORATE RELAT | (i) | 151,144. | 7,000. | 0. | 0. | 21,400. | 179,544. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) CARY GARMAN FINANCIAL CONTROLLER | (i) | 138,357. | 6,000. | 0. | 14,436. | 14,637. | 173,430. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) MELISSA GILLER DIRECTOR OF COMMUNICATIONS | (i) | 126,081. | 8,500. | 0. | 13,458. | 21,275. | 169,314. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) MARK FITZPATRICK DIRECTOR OF INFORMATION SE | (i) | 137,853. | 6,000. | 0. | 14,385. | 13,623. | 171,861. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) KATHLEEN A. SWIFT DIR. OF RETAIL & BUS. DEVE | (i) | 129,810. | 6,000. | 0. | 13,581. | 7,505. | 156,896. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

**EXPLANATION: THE FOUNDATION PROVIDED FIRST CLASS TRAVEL TO THOSE TRUSTEES
WHO REQUESTED REIMBURSEMENT. THE FOUNDATION OBTAINED APPROVAL BY THE BOARD
OF TRUSTEES.**

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization **THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE** Employer identification number
77-0054631

Part I **Types of Property**

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 4 | 11,578. | FAIR MARKET VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>PRIVATE JET C</u>) | X | 1 | 50,000. | FAIR MARKET VALUE |
| 26 Other ▶ (<u>GOOGLE ADVERT</u>) | X | 1 | 23,393. | FAIR MARKET VALUE |
| 27 Other ▶ (.....) | | | | |
| 28 Other ▶ (.....) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) (2013)

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE

Employer identification number

77-0054631

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADMINISTER FUNDS FOR AND TO CAUSE, DESIGN, CONSTRUCT, ESTABLISH,
MAINTAIN, OPERATE, AND SUPERVISE A PRESIDENTIAL LIBRARY, A MUSEUM, AN
AIR FORCE ONE PAVILION, A CENTER FOR PUBLIC AFFAIRS, AND A PRESIDENTIAL
LEARNING CENTER.

DURING THE YEAR ENDED SEPTEMBER 30, 2014, THE FOUNDATION COMMITTED
ITSELF TO DEVELOPING A NEW REAGAN INSTITUTE (THE "INSTITUTE") IN
WASHINGTON, D.C. WHICH WILL BE FOCUSED ON EDUCATION INITIATIVES,
RESEARCH AND PUBLISHING, AS WELL AS CONVENING THOUGHTFUL LEADERS,
PRIMARILY WITHIN OUR NATION'S CAPITAL, ALL TO FURTHER PROMOTE RONALD
REAGAN'S TIMELESS PRINCIPLES. IN CONJUNCTION WITH THIS COMMITMENT, THE
FOUNDATION CHANGED ITS NAME TO THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE AND BEGAN INITIAL PLANNING EFFORTS TO BRING
THIS NEW EFFORT TO FRUITION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NATION'S 40TH PRESIDENT AND THE POLICIES HE CREATED WHILE IN OFFICE,
BUT TO ALSO SHOW THE IMPORTANCE AND THE IMPACT OF THESE POLICIES AND
HOW THEY CONTINUE TO AFFECT THE GUIDING PRINCIPLES THAT GOVERN US
TODAY. THROUGH OUR FUNDRAISING EFFORTS, DONORS HELP THE FOUNDATION TO
CONTINUE HIS WORK AND TO SHAPE THE LEADERS OF TOMORROW.

OVER 376,000 VISITORS CAME UP TO THE LIBRARY'S HILLTOP LAST YEAR, OF
WHICH OVER 42,500 WERE SCHOOL CHILDREN.

| | | |
|--------------------------|--|--|
| Name of the organization | THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE | Employer identification number 77-0054631 |
|--------------------------|--|--|

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

> MARK HALPERIN (EDITOR-AT-LARGE, TIME MAGAZINE): 11/15/13

> JOHN HEILEMANN (EDITOR, NEW YORK MAGAZINE): 11/15/13

> TED BELL (AUTHOR): 12/10/13

> JOE SCARBOROUGH (HOST: MSNBC'S THE SCARBOROUGH SHOW): 12/13/13

> BEN COES (AUTHOR): 1/16/14

> ROBERT GATES (FORMER US SECRETARY OF DEFENSE): 1/29/14

> NEWT AND CALLISTA GINGRICH (AUTHORS): 2/3/14

> WILLIAM BENNETT (FORMER US SECRETARY OF EDUCATION): 2/6/14

> P.J. O'ROURKE (AUTHOR): 2/8/14

> BOBBY JINDAL (GOVERNOR, LOUISIANA): 2/13/14

> GREG GUTFELD (HOST: FOX NEWS THE FIVE): 3/26/14

> "THE MORNING ANSWER" (LIVE RADIO BROADCAST): 4/4/14

> TOMMY LASORDA (MANAGER, LOS ANGELES DODGERS): 4/28/14

> HUGH HEWITT (LIVE RADIO BROADCAST): 5/2/14

> RICK SANTORUM (FORMER US SENATOR, PENNSYLVANIA): 5/2/14

> KEN ADELMAN (AUTHOR): 5/14/14

> LYNNE CHENEY (AUTHOR): 5/20/14

> VIN SCULLY (BROADCAST ANNOUNCER, LOS ANGELES DODGERS): 6/11/14

> BRET BAIER (FOX NEWS NATIONAL CORRESPONDENT): 6/23/14

> PAUL RYAN (US CONGRESSMAN, WISCONSIN): 8/28/14

> DR. BEN CARSON (AUTHOR): 9/28/14

SPECIAL EVENTS

> THE REAGAN NATIONAL DEFENSE FORUM: ON NOVEMBER 16, 2013, THE
FOUNDATION'S FIRST ANNUAL REAGAN NATIONAL DEFENSE FORUM BROUGHT
TOGETHER LEADERS AND KEY STAKEHOLDERS IN THE DEFENSE COMMUNITY -
INCLUDING MEMBERS OF CONGRESS, CIVILIAN OFFICIALS AND MILITARY LEADERS

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FROM THE DEFENSE DEPARTMENT AND INDUSTRY - TO ADDRESS THE HEALTH OF OUR
NATIONAL DEFENSE AND STIMULATE DISCUSSIONS THAT PROMOTE POLICIES TO
STRENGTHEN THE U.S. MILITARY. DOZENS OF SPEAKERS PARTICIPATED IN THE
ALL-DAY PROGRAM WHICH INCLUDED KEYNOTE LUNCHEON REMARKS BY GENERAL
MARTIN DEMPSEY (CHAIRMAN, JOINT CHIEFS OF STAFF), CLOSING REMARKS BY
THE HONORABLE CHUCK HAGEL (UNITED STATES SECRETARY OF DEFENSE), AND THE
PRESENTATION OF THE RONALD REAGAN PEACE THROUGH STRENGTH AWARD TO THE
HONORABLE ROBERT GATES (FORMER UNITED STATES SECRETARY OF DEFENSE) AND
THE HONORABLE LEON PANETTA (FORMER UNITED STATES SECRETARY OF DEFENSE).

> HONORING THE LEGACY OF RONALD REAGAN: 2014 MARKED TWENTY FIVE YEARS
SINCE PRESIDENT REAGAN LEFT THE WHITE HOUSE AND TEN YEARS SINCE OUR
NATION MOURNED HIS DEATH. ON JUNE 5, 2014, THE RONALD REAGAN
PRESIDENTIAL FOUNDATION COMMEMORATED THESE ANNIVERSARIES WITH A SPECIAL
PROGRAM AT HIS PRESIDENTIAL LIBRARY THAT FOCUSED ON HIS LEGACY AND
IMPACT ON THE COUNTRY AFTER SO MANY YEARS SINCE LEAVING OFFICE. THE
DAY-LONG EVENT INCLUDED A MORNING RECEPTION AND WELCOMING REMARKS, A
PANELIST SESSION, MODERATED BY PEGGY NOONAN, TO DISCUSS HIS LEGACY AND
HIS IMPACT IN TODAY'S POLITICS, AND A LUNCHEON KEYNOTE ADDRESS WITH THE
HONORABLE JAMES BAKER. PANELISTS INCLUDED PRESIDENT REAGAN BIOGRAPHERS
DR. STEVEN HAYWARD, MR. LOU CANNON, AND MR. CRAIG SHIRLEY, AS WELL AS
TIME MAGAZINE EXECUTIVE EDITOR MIKE DUFFY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
STUDENTS TAKE ON THE ROLES OF IMPORTANT GOVERNMENT FIGURES LIKE THE
SECRETARY OF DEFENSE, WHITE HOUSE PRESS CORRESPONDENTS, CHAIRMAN OF THE
JOINT CHIEFS OF STAFF, AND EVEN THE PRESIDENT OF THE UNITED STATES
WHILE PARTICIPATING IN DIFFERENT MODULES INCLUDING THE WHITE HOUSE

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PRESS ROOM, THE WHITE HOUSE OVAL OFFICE AND THE U.S.S. RONALD REAGAN
COMMAND DECISION CENTER. AT THE END OF THEIR ROLE PLAYING EXERCISES THE
STUDENTS ARE TREATED TO A "RIDE" ON AN ACTUAL AIR FORCE ONE SIMULATOR.
DURING THIS FISCAL YEAR, NEW CURRICULUM WAS ADDED, AND THE USE OF SMART
BOARDS AND IPADS WERE ADDED INTO THE LEARNING EXPERIENCE.

> RONALD REAGAN PRESIDENTIAL LIBRARY SCHOLARS: 203 VENTURA COUNTY HIGH
SCHOOL STUDENTS FROM 25 DIFFERENT SCHOOL COMPRISED 2014'S CLASS OF
REAGAN LIBRARY SCHOLARS. \$50,000 IN COLLEGE SCHOLARSHIPS WAS AWARDED TO
12 STUDENTS.

> THE GE-REAGAN FOUNDATION SCHOLARSHIP PROGRAM: THIS SCHOLARSHIP, IN
PARTNERSHIP WITH GE, HONORS THE LEGACY AND CHARACTER OF PRESIDENT
REAGAN BY REWARDING COLLEGE-BOUND STUDENTS WHO DEMONSTRATE EXEMPLARY
LEADERSHIP, DRIVE, INTEGRITY, AND CITIZENSHIP WITH FINANCIAL ASSISTANCE
TO PURSUE HIGHER EDUCATION. IN 2014, 11,796 STUDENTS FROM ACROSS THE
UNITED STATES COMPLETED APPLICATIONS. 20 STUDENTS WERE AWARDED THE
SCHOLARSHIP, WHICH PROVIDES \$10,000 PER YEAR FOR FOUR YEARS.

> PRESIDENTIAL LEARNING CENTER PROGRAMMING: IN 2014, THE REAGAN
FOUNDATION'S WALTER AND LEONORE ANNENBERG PRESIDENTIAL LEARNING CENTER
CONTINUED TO ENGAGE STUDENTS AND TEACHERS FROM ACROSS THE COUNTRY WITH
ITS GOAL OF CULTIVATING INFORMED AND ENGAGED CITIZENS IN LEADERS. THE
APLC HOSTED MORE THAN 20 PROFESSIONAL DEVELOPMENT OPPORTUNITIES BOTH
ONSITE AT THE REAGAN LIBRARY AND THROUGH PRESENTING AND EXHIBITING AT
CONFERENCES ACROSS THE COUNTRY. IN TERMS OF PROGRAMS FOR STUDENTS, THE
APLC HOSTED PANELS FEATURING MEDAL OF HONOR RECIPIENTS, OLYMPIC GOLD
MEDALIST DEREK PARRA, A SIMI VALLEY YOUTH TOWN HALL, AND A CONSTITUTION

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DAY LECTURE WITH LEADING HISTORIAN DR. GORDON LLOYD. IN ADDITION, THE
APLC WORKED WITH SCHOOLS FROM ALL 50 STATES TO AWARD MORE THAN 1,500
STUDENT LEADERSHIP AWARDS. IN TOTAL, THE APLC WORKED WITH MORE THAN
3,500 STUDENTS BOTH ONSITE AND THROUGH OUTREACH PROGRAMS.

> EDUCATOR NIGHT AND TEACHER WORKSHOPS: MULTIPLE TEACHER "OPEN HOUSES"
AND CURRICULUM WORKSHOPS WERE OFFERED TO TEACHERS FROM AROUND THE
COUNTRY TO SHOWCASE THE EDUCATIONAL OFFERINGS OF THE REAGAN LIBRARY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THE FOREIGN EXCELLENT TRENCHCOAT SOCIETY AND BASE EXHIBITIONS. THE
NEARLY 300 SPY GADGETS AND DOCUMENTS ON DISPLAY - MANY OF WHICH HAD
NEVER BEFORE BEEN SEEN OUTSIDE OF CLASSIFIED CIRCLES - OR EVEN KNOWN -
REVEALED AN UNSEEN PICTURE OF THE MYSTERIOUS WORLD OF ESPIONAGE. SPY
PARTED THE VEIL, INVITING VISITORS INTO A SECRET WORLD OF PATRIOTS,
SPIES, MOLES, TRAITORS, AND SPY CATCHERS: A WORLD WITH HEROES AND
VILLAINS, WHOSE ACTIONS HELPED SHAPE THE WORLD WE LIVE IN TODAY.

> A CALIFORNIA CHRISTMAS (NOVEMBER 17, 2013 - JANUARY 5, 2014): IN THIS
EXHIBIT, 23 TREES WERE DECORATED TO SHOWCASE THE GREAT STATE OF
CALIFORNIA. TREES REPRESENTED NOT ONLY TOURIST ATTRACTIONS SUCH AS THE
CITIES OF SAN FRANCISCO AND NEARBY LOS ANGELES, BUT ALSO HISTORICAL
LANDMARKS AND NATIONAL PARKS LIKE YOSEMITE AND THE REDWOODS.

> BASEBALL! THE EXHIBITION (APRIL 4, 2014 - SEPTEMBER 14, 2014):
BASEBALL WAS A 12,000 SQUARE FOOT EXHIBITION FEATURING OVER 700
ARTIFACTS, INCLUDING SOME OF THE RAREST, HISTORIC AND ICONIC BASEBALL
MEMORABILIA FROM THE LARGEST KNOWN PRIVATE COLLECTOR IN THE U.S. THE

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EXHIBIT DISPLAYED EXTRAORDINARY ARTIFACTS FROM BABE RUTH, JOE DIMAGGIO, LOU GEHRIG, JACKIE ROBINSON, THE BROOKLYN AND LOS ANGELES DODGERS, AND SCORES OF OTHER HISTORICALLY IMPORTANT PLAYERS AND ORGANIZATIONS. ALSO FEATURED WERE RARE ARTIFACTS RELATED TO RONALD REAGAN AND BASEBALL - FROM HIS DAYS CALLING CHICAGO CUBS GAMES, TO SIGNED BALLS AND JERSEYS HE RECEIVED WHILE PRESIDENT.

COMMUNITY EVENTS

> PRESIDENTS' DAY, JULY 4TH AND, VETERAN'S DAY: THE LIBRARY CONTINUED ITS TRADITION OF HOSTING THE LOCAL COMMUNITY TO THREE DAYS OF MUSIC, PRESIDENTIAL LOOK-ALIKES, CHILDREN'S ACTIVITIES AND GREAT FOOD. THESE ANNUAL OUTREACH EVENTS HAVE BECOME A STAPLE FOR THE COMMUNITY.

> RONALD REAGAN'S BIRTHDAY CELEBRATION: TO HONOR PRESIDENT REAGAN, PRESIDENT GEORGE W. BUSH DESIGNATED UNITED STATES MARINE CORPS BASE CAMP PENDLETON TO PLACE A WREATH ON PRESIDENT REAGAN'S GRAVESITE ON HIS BEHALF ON EVERY FEBRUARY 6TH. THE CEREMONY INCLUDES A 21-GUN SALUTE. FORMER UNITED STATES SECRETARY OF EDUCATION WILLIAM BENNETT WAS THE PROGRAM'S KEYNOTE SPEAKER.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: IN AN ANNUAL QUESTIONNAIRE FOR TRUSTEES AND KEY STAFF, SEVERAL RESPONDENTS SELF-IDENTIFIED RELATIONSHIPS OF A BUSINESS NATURE WITH OTHER RESPONDENTS. EXAMPLE OF SUCH RELATIONSHIPS WERE SERVING TOGETHER ON OTHER BOARDS AND USING THE SERVICES OF ANOTHER'S LAW FIRM. ALL RESPONSES WERE REVIEWED BY BOTH THE CHIEF FINANCIAL OFFICER AND THE AUDIT COMMITTEE FOR CONFLICTS THAT WOULD AFFECT THE FOUNDATION.

Name of the organization **THE RONALD REAGAN PRESIDENTIAL
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FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE 990 IS REVIEWED WITH THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO FILING. BOARD MEMBERS REVIEW FOR MINIMUM OF 10 DAYS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE STAFF MONITORS FOR ANY TRANSACTIONS WHICH COULD GIVE RISE TO A CONFLICT OF INTEREST. THE BOARD OF TRUSTEES IS ASKED TO RESPOND TO AN ANNUAL QUESTIONNAIRE REGARDING ANY CONFLICTS OF WHICH THEY MAY BE AWARE. ANY POTENTIAL CONFLICTS ARE FIRST REVIEWED WITH THE AUDIT COMMITTEE AND THEN, IF REQUIRED, FURTHER REVIEWED AND ACTED ON AS NECESSARY BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: > FOR 15A, BOARD OF TRUSTEES HIRED AN INDEPENDENT SEARCH FIRM, INTERVIEWED MULTIPLE CANDIDATES, ASKED FOR AND REVIEWED COMPETITIVE COMPENSATION INFORMATION SUPPLIED BY THE SEARCH FIRM AND VOTED AT A MEETING OF THE BOARD OF TRUSTEES ON THE HIRING AND LEVEL OF COMPENSATION FOR THE FINALIST. COMPENSATION OF THE EXECUTIVE DIRECTOR, INCLUDING ANY PROPOSED CHANGES, IS REVIEWED AT LEAST ANNUALLY BY THE BOARD OF TRUSTEES.

>FOR 15B, CHAIRMAN OF THE BOARD AND SELECTED OTHER TRUSTEES ARE INCLUDED IN THE INTERVIEW PROCESS BASED UPON RECOMMENDATIONS OF THE EXECUTIVE DIRECTOR. AN INDEPENDENT SEARCH FIRM MAY BE USED AND MARKET/COMPETITIVE SALARY INFORMATION IS EVALUATED. INITIAL COMPENSATION AS PROPOSED BY THE EXECUTIVE DIRECTOR IS APPROVED BY THE CHAIRMAN. STAFF COMPENSATION AND PROPOSED CHANGES IS REVIEWED ANNUALLY BY THE BOARD OF TRUSTEES.

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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AR,AZ,CA,CT,FL,GA,HI,IL,IN,KY,LA,ME,MD,MA,MI,MN,MS,MT,NH,NJ,NM,NY,NC,ND,OH
OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,AL,AK,CO,KS

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST. A COPY OF THE DOCUMENTS ARE AVAILABLE FOR INSPECTION AT 40
PRESIDENTIAL DR., SUITE 200, SIMI VALLEY, CA 93065

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

POSTAGE & SHIPPING:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 71,077. |
| MANAGEMENT AND GENERAL EXPENSES | 21,324. |
| FUNDRAISING EXPENSES | 288,618. |
| TOTAL EXPENSES | 381,019. |

MISCELLANEOUS:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 324. |
| MANAGEMENT AND GENERAL EXPENSES | 110,082. |
| FUNDRAISING EXPENSES | 146,976. |
| TOTAL EXPENSES | 257,382. |

MUSEUM SUPPORT:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 248,377. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |

Name of the organization THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTEEmployer identification number
77-0054631

TOTAL EXPENSES 248,377.

DONOR RELATIONS:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 204,914.

TOTAL EXPENSES 204,914.

CREDIT CARD FEES:

PROGRAM SERVICE EXPENSES 77,573.

MANAGEMENT AND GENERAL EXPENSES 120,085.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 197,658.

OTHER FUNDRAISING EXPENSES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 183,208.

TOTAL EXPENSES 183,208.

MAILHOUSE & FULFILLMENTS:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 153,113.

TOTAL EXPENSES 153,113.

MAIL ORDER EXPENSE:

PROGRAM SERVICE EXPENSES 152,981.

Name of the organization **THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Employer identification number
77-0054631

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 152,981.

MEDIA:

PROGRAM SERVICE EXPENSES 117,327.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 117,327.

DUES & SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES 6,468.

MANAGEMENT AND GENERAL EXPENSES 4,839.

FUNDRAISING EXPENSES 95,737.

TOTAL EXPENSES 107,044.

TELEPHONE:

PROGRAM SERVICE EXPENSES 2,440.

MANAGEMENT AND GENERAL EXPENSES 91,428.

FUNDRAISING EXPENSES 1,260.

TOTAL EXPENSES 95,128.

LIST MANAGEMENT:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 53,749.

TOTAL EXPENSES 53,749.

Name of the organization **THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Employer identification number
77-0054631

COMPUTER SUPPLIES:

| | |
|---------------------------------|----------------|
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 53,006. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 53,006. |

EQUIPMENT RENTAL & MAINTENANCE:

| | |
|---------------------------------|----------------|
| PROGRAM SERVICE EXPENSES | 13,705. |
| MANAGEMENT AND GENERAL EXPENSES | 38,026. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 51,731. |

OTHER DIRECT MAIL EXPENSE:

| | |
|---------------------------------|----------------|
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 37,090. |
| TOTAL EXPENSES | 37,090. |

RETAIL SUPPLIES:

| | |
|---------------------------------|----------------|
| PROGRAM SERVICE EXPENSES | 28,842. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 28,842. |

BANK FEES:

| | |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES | 3,142. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |

Name of the organization THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTEEmployer identification number
77-0054631

TOTAL EXPENSES 3,142.

STAFF TRAINING & EDUCATION :

PROGRAM SERVICE EXPENSES 381.

MANAGEMENT AND GENERAL EXPENSES 637.

FUNDRAISING EXPENSES 495.

TOTAL EXPENSES 1,513.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 2,327,224.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THERE IS NO CHANGE TO THE ORGANIZATION'S OVERSIGHT PROCESS
OF THE AUDIT COMMITTEE DURING THE TAX YEAR.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0087

For calendar year 2013 or other tax year beginning OCT 1, 2013, and ending SEP 30, 2014

2013

Department of the Treasury
Internal Revenue ServiceInformation about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

| | | | | |
|--|--|--|--|--|
| A <input type="checkbox"/> Check box if address changed | | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE | D Employer identification number (Employees' trust, see instructions.) 77-0054631 |
| B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | | | Number, street, and room or suite no. If a P.O. box, see instructions. 40 PRESIDENTIAL DRIVE, NO. 200 | E Unrelated business activity codes (See instructions.) 453220 |
| | | | City or town, state or province, country, and ZIP or foreign postal code SIMI VALLEY, CA 93065-0600 | |
| C Book value of all assets at end of year 292433726. | | | F Group exemption number (See instructions.) | |
| | | G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust | | |

H Describe the organization's primary unrelated business activity. **MUSEUM STORE SALES**
 I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation.
J The books are in care of **CARY L. GARMAN, CPA** Telephone number **(805) 577-4107**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|--|------------|----------------|----------------|
| 1a | Gross receipts or sales 35,862. | | | |
| b | Less returns and allowances | | | |
| c | Balance | 1c | 35,862. | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | 14,105. | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 21,757. | 21,757. |
| 4a | Capital gain net income (attach Form 8949 and Schedule D) | 4a | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from partnerships and S corporations (attach statement) | 5 | | |
| 6 | Rent income (Schedule C) | 6 | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 | Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | |
| 11 | Advertising income (Schedule J) | 11 | | |
| 12 | Other income (See instructions; attach schedule.) | 12 | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 21,757. | 21,757. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | |
|----|---|-----|----------------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 | Salaries and wages | 15 | 7,791. |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) | 18 | |
| 19 | Taxes and licenses | 19 | 684. |
| 20 | Charitable contributions (See instructions for limitation rules.) | 20 | |
| 21 | Depreciation (attach Form 4562) | 21 | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | |
| 23 | Depletion | 23 | |
| 24 | Contributions to deferred compensation plans | 24 | |
| 25 | Employee benefit programs | 25 | 1,080. |
| 26 | Excess exempt expenses (Schedule I) | 26 | |
| 27 | Excess readership costs (Schedule J) | 27 | |
| 28 | Other deductions (attach schedule) SEE STATEMENT 1 | 28 | 9,863. |
| 29 | Total deductions. Add lines 14 through 28 | 29 | 19,418. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 2,339. |
| 31 | Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2 | 31 | 2,148. |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | 191. |
| 33 | Specific deduction (Generally \$1,000, but see instructions for exceptions.) | 33 | 1,000. |
| 34 | Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | 0. |

**THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

77-0054631

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a****b** Other credits (see instructions) **40b****c** General business credit. Attach Form 3800 **40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d****e** Total credits. Add lines 40a through 40d **40e****41** Subtract line 40e from line 39 **41** 0.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42****43** Total tax. Add lines 41 and 42 **43** 0.**44a** Payments: A 2012 overpayment credited to 2013 **44a****b** 2013 estimated tax payments **44b****c** Tax deposited with Form 8868 **44c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d****e** Backup withholding (see instructions) **44e****f** Credit for small employer health insurance premiums (Attach Form 8941) **44f****g** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total **44g****45** Total payments. Add lines 44a through 44g **45****46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46****47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.**49** Enter the amount of line 48 you want: Credited to 2014 estimated tax Refunded **49****Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial

Yes No

Accounts. If YES, enter the name of the foreign country here X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. X**3** Enter the amount of tax-exempt interest received or accrued during the tax year \$**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation N/A**1** Inventory at beginning of year **1** 0.**2** Purchases **2** 14,105.**3** Cost of labor **3****4a** Additional section 263A costs (att. schedule) **4a****b** Other costs (attach schedule) **4b****5** Total. Add lines 1 through 4b **5** 14,105.**6** Inventory at end of year **6** 0.**7** Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 **7** 14,105.**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date

CHIEF FIN OFFICER Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

| | | | | | |
|-------------------------------|--|--------------------------|----------|---|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | CRAIG M. FRYE | | 07/17/15 | | P00090236 |
| | Firm's name ▶ ROSE, SNYDER & JACOBS, LLP | Firm's EIN ▶ 45-4095250 | | | |
| | Firm's address ▶ 15821 VENTURA BLVD, SUITE 490 ENCINO, CA 91436 | Phone no. (818) 461-0600 | | | |

THE RONALD REAGAN PRESIDENTIAL

Form 990-T (2013) FOUNDATION AND INSTITUTE

77-0054631

Page 3

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**1.** Description of property

| |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.****(b) Total deductions.**Enter here and on page 1, Part I, line 6, column (B) **0.****Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|--|---|--|--|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |

| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---------------------------------|--|---|
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |

| | | |
|---|---|---|
| Totals | Enter here and on page 1, Part I, line 7, column (A). 0. | Enter here and on page 1, Part I, line 7, column (B). 0. |
| Total dividends-received deductions included in column 8 | 0. | |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | |
|---------------|---|---|
| Totals | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0. | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0. |
|---------------|---|---|

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | 0. | | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 26. |
| Totals | 0. | 0. | | | | 0. |

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | 0. | 0. | | | | 0. |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|--|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | 0. | 0. | | | | 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

| | | | |
|------------|------------------|-----------|---|
| FORM 990-T | OTHER DEDUCTIONS | STATEMENT | 1 |
|------------|------------------|-----------|---|

| DESCRIPTION | AMOUNT |
|--------------------------------------|--------|
| ALLOCATED OVERHEAD | 2,968. |
| CATALOG PRINTING & MAILING | 884. |
| MISCELLANEOUS | 6,011. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 9,863. |

| | | | |
|------------|------------------------------|-----------|---|
| FORM 990-T | NET OPERATING LOSS DEDUCTION | STATEMENT | 2 |
|------------|------------------------------|-----------|---|

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------------|-------------------|------------------------|
| 09/30/01 | 197. | 0. | 197. | 197. |
| 09/30/02 | 1,553. | 0. | 1,553. | 1,553. |
| 09/30/05 | 255. | 0. | 255. | 255. |
| 09/30/11 | 143. | 0. | 143. | 143. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 2,148. | 2,148. |



Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

In reply refer to: 0437974131
Apr. 06, 2015 LTR 333C 0
77-0054631 201409 34
00007803
BODC: TE

RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE
40 PRESIDENTIAL DRIVE NO 200
SIMI VALLEY CA 93065-0600



054469

Taxpayer Identification Number: 77-0054631
Tax Period(s): Sep. 30, 2014

Form: 990T

Dear Taxpayer:

Thank you for the inquiry of Mar. 26, 2015.

We have approved your application and have extended the time to
Aug. 15, 2015.

Please attach this letter to the form when you file it. It is your
evidence that we granted an extension of time to file your return.
The enclosed copy is for your records.

If you have any questions, please call us toll free at
1-877-829-5500.

If you prefer, you may write to us at the address shown at the
top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces
below, give us your telephone number with the hours we can reach you.
Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

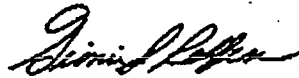
We apologize for any inconvenience we may have caused you.

0437974131
Apr. 06, 2015 LTR 333C 0
77-0054631 201409 34
00007804

RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE
40 PRESIDENTIAL DRIVE NO 200
SIMI VALLEY CA 93065-0600

Thank you for your cooperation.

Sincerely yours,



Ginni L. Redfern
Program Manager, AM OPS 1

Enclosure(s):
Copy of this letter