

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2016

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.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning OCT 1, 2015, and ending SEP 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

**THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Employer identification number

77-0054631

Name and title of officer

**JERRY ZUK
CHIEF FIN OFFICER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>34,960,756.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ROSE, SNYDER & JACOBS, LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

96785312851

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 07/26/17

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 \$ 42,576,759. 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.REAGANFOUNDATION.ORG		
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

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
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 25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 25
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 123
6	Total number of volunteers (estimate if necessary)	6 0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 36,350.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 5,305.
8	Contributions and grants (Part VIII, line 1h)	8 13,724,309. 23,603,913.
9	Program service revenue (Part VIII, line 2g)	9 2,465,646. 5,959,223.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 4,130,049. 2,258,413.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 2,548,455. 3,139,207.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 22,868,459. 34,960,756.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 686,609. 692,542.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 5,904,942. 7,219,218.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 750,019. 562,201.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,940,477.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 13,258,771. 18,078,753.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 20,600,341. 26,552,714.
19	Revenue less expenses. Subtract line 18 from line 12	19 2,268,118. 8,408,042.
20	Total assets (Part X, line 16)	20 286,799,196. 305,444,144.
21	Total liabilities (Part X, line 26)	21 8,482,519. 8,579,824.
22	Net assets or fund balances. Subtract line 21 from line 20	22 278,316,677. 296,864,320.

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 JERRY ZUK, CHIEF FIN. OFFICER Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name CRAIG M. FRYE	Preparer's signature _____
	Date 07/26/17	Check if self-employed <input type="checkbox"/> PTIN 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

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

THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE IS TO COMPLETE PRESIDENT REAGAN'S UNFINISHED WORK AND TO PRESERVE AND PROMOTE THE TIMELESS PRINCIPLES HE CHAMPIONED: INDIVIDUAL LIBERTY, ECONOMIC OPPORTUNITY, GLOBAL DEMOCRACY AND NATIONAL PRIDE.

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 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 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 \$ 1,089,618. including grants of \$) (Revenue \$ 537,571.)
[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

REAGAN FORUM PARTICIPANTS

- >TERRY BRADSHAW (FORMER NFL FOOTBALL PLAYER): 10/9/15
- >ANN ROMNEY (FORMER FIRST LADY OF MASSACHUSETTS): 10/13/15
- >MARIA SHRIVER (TV PERSONALITY): 10/13/15
- >CRAIG SHIRLEY (AUTHOR): 10/14/15
- >NEWT AND CALLISTA GINGRICH (AUTHORS): 10/20/15

4b (Code:) (Expenses \$ 4,095,508. including grants of \$ 692,542.) (Revenue \$ 3,472,785.)
[PRESIDENTIAL LEARNING CENTER / EDUCATION PROGRAMS]

AT THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE, OUR EDUCATION PROGRAMS ARE DEDICATED TO CULTIVATING THE NEXT GENERATION OF CITIZEN-LEADERS. EACH YEAR, WE WORK WITH THOUSANDS OF TEACHERS AND TENS OF THOUSANDS OF STUDENTS FROM ACROSS THE COUNTRY TO HELP FOSTER THE ENGAGED AND INFORMED CITIZENS THAT PRESIDENT REAGAN KNEW WERE SO VITAL TO A HEALTHY AMERICA.

>AIR FORCE ONE DISCOVERY CENTER: OVER 25,000 5TH THROUGH 12TH GRADE STUDENTS WENT THROUGH THE LIBRARY'S INTERACTIVE AND IMMERSIVE EDUCATIONAL FACILITY KNOWN AS THE AIR FORCE ONE DISCOVERY CENTER.

4c (Code:) (Expenses \$ 15,284,192. including grants of \$) (Revenue \$ 4,044,433.)
[THE MUSEUM]

WHEREAS THE REAGAN MUSEUM IS UTILIZED TO TELL THE STORY OF RONALD AND NANCY REAGAN AND OUR 40TH PRESIDENT'S ENDURING LEGACY, THE LIBRARY'S TEMPORARY GALLERY SPACE IS USED TO BRING IN HISTORIC AND POP-CULTURE INFLUENCED EXHIBITS AS A WAY TO PROVIDE THE LOCAL COMMUNITIES WITH A WORLD-CLASS FAMILY DESTINATION.

TEMPORARY EXHIBITS

>FOOTBALL! THE EXHIBITION (JUNE 6, 2015 - JANUARY 17, 2016): FOOTBALL WAS A 5,000 SQUARE FOOT EXHIBITION FEATURING OVER 600 ARTIFACTS,

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **20,469,318.**

THE RONALD REAGAN PRESIDENTIAL
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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

THE RONALD REAGAN PRESIDENTIAL
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Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		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? <i>If "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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FOUNDATION AND INSTITUTE

Form 990 (2015)

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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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		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?		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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring 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		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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.		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2015)

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 25		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 25		
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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?	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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AR, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KY, MI**
- 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, address, and telephone number of the person who possesses the organization's books and records: **CARY L. GARMAN, CPA - (805)577-4107**
40 PRESIDENTIAL DRIVE, SIMI VALLEY, CA 93065-0600

SEE SCHEDULE O FOR FULL LIST OF STATES

THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE

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) JOHN D. HEUBUSCH EXECUTIVE DIRECTOR	40.00	X		X				515,385.	0.	51,605.
(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) ANDREW J. LITTLEFAIR TRUSTEE	1.00	X						0.	0.	0.
(15) K. RUPERT MURDOCH TRUSTEE	1.00	X						0.	0.	0.
(16) PEGGY NOONAN TRUSTEE	1.00	X						0.	0.	0.
(17) THEODORE B. OLSON 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) GERALD L. PARSKY TRUSTEE	1.00	X						0.	0.	0.
(19) JIM PATTISON TRUSTEE	1.00	X						0.	0.	0.
(20) A. JERROLD PERENCHIO TRUSTEE	1.00	X						0.	0.	0.
(21) T. BOONE PICKENS TRUSTEE	1.00	X						0.	0.	0.
(22) GEORGE SHULTZ TRUSTEE	1.00	X						0.	0.	0.
(23) BEN C. SUTTON, JR. TRUSTEE	1.00	X						0.	0.	0.
(24) ROBERT H. TUTTLE TRUSTEE	1.00	X						0.	0.	0.
(25) PETE WILSON TRUSTEE	1.00	X						0.	0.	0.
(26) GLENN BAKER CHIEF FINANCIAL OFFICER	40.00			X				232,192.	0.	48,308.
1b Sub-total								747,577.	0.	99,913.
c Total from continuation sheets to Part VII, Section A								1,591,545.	0.	300,670.
d Total (add lines 1b and 1c)								2,339,122.	0.	400,583.

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 **12**

	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
EVERGREEN ART TOURS, LLC , 7979 BROADWAY SUITE 107, SAN ANTONIO, TX 78209	EXHIBIT SERVICE PROVIDER	1,140,000.
DECOR INTERIOR DESIGN, INC 2937 EAST 4TH STREET, LOS ANGELES, CA 90033	INTERIOR DESIGN SERVICES	470,618.
ROBBINS KERSTEN DIRECT, 855 EAST COLLINS BOULEVARD, RICHARDSON, TX 75081-2251	DIRECT MAIL SERVICES AND CONSULTING	376,200.
INFO 2 EXTREME, INC., 5777 W CENTURY BLVD. #1500, LOS ANGELES, CA 90045	WEBSITE DESIGN AND SUPPORT	299,958.
U CREATIVE INC. 72 S. MAIN STREET , MIAMISBURY, OH 45342	WEBSITE DESIGN AND MAINTENANCE	260,074.

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 **23**

SEE PART VII, SECTION A CONTINUATION SHEETS

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(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) JOANNE M. DRAKE CHIEF ADMINISTRATIVE OFFICER	40.00			X				204,808.	0.	46,197.
(28) JERRY ZUK CHIEF FINANCIAL OFFICER	40.00			X				0.	0.	0.
(29) HAYDEN SHAW III CHIEF DEVELOPMENT OFFICER	40.00				X			305,193.	0.	35,853.
(30) CARY GARMAN SENIOR CONTROLLER	40.00					X		158,600.	0.	33,210.
(31) MELISSA GILLER CHIEF MARKETING OFFICER	40.00					X		152,312.	0.	39,668.
(32) MARK FITZPATRICK CHIEF TECHNOLOGY OPERATIONS	40.00					X		160,000.	0.	31,235.
(33) WENDY WITHERS DIR. OF FOUNDATION & CORPO	40.00					X		115,402.	0.	28,556.
(34) KATHLEEN A. SWIFT DIR. OF RETAIL & BUS. DEVE	40.00					X		150,423.	0.	24,163.
(35) ANTHONY D PENNAY CHIEF LEARNING OFFICER	40.00					X		144,423.	0.	15,434.
(36) ROMEO LEGASPI CREATIVE SERVICES MANAGER	40.00					X		100,346.	0.	25,190.
(37) ALEXANDRA ERVAN ASSOC DIR OF DEV FOR IT SERVICES	40.00					X		100,038.	0.	21,164.
Total to Part VII, Section A, line 1c								1,591,545.		300,670.

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THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE

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	23,603,913.				
	g Noncash contributions included in lines 1a-1f: \$		962,301.				
	h Total. Add lines 1a-1f		23,603,913.				
Program Service Revenue	2 a AIR FORCE ONE ADMISSION	Business Code	900099	3,472,785.	3,472,785.		
	b VISITOR SERVICES		900099	1,948,867.	1,948,867.		
	c FOUNDATION SPECIAL EVENT FEES		900099	537,571.	537,571.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			5,959,223.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,377,526.		2,377,526.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			570,704.		570,704.	
	6 a Gross rents	(i) Real	1,386,990.				
		(ii) Personal					
		b Less: rental expenses	950,602.				
		c Rental income or (loss)	436,388.				
	d Net rental income or (loss)			436,388.		436,388.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	4,917,753.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	5,036,866.				
		c Gain or (loss)	-119,113.				
	d Net gain or (loss)			-119,113.		-119,113.	
	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	3,760,650.					
	b Less: cost of goods sold	b	1,628,535.				
	c Net income or (loss) from sales of inventory			2,132,115.	2,095,765.	36,350.	
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			34,960,756.	8,054,988.	36,350.	3,265,505.	

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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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	692,542.	692,542.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,653,096.	779,717.	167,261.	706,118.
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	4,210,041.	2,606,960.	703,493.	899,588.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	383,326.	208,437.	101,249.	73,640.
9 Other employee benefits	511,330.	371,374.	8,573.	131,383.
10 Payroll taxes	461,425.	284,402.	65,303.	111,720.
11 Fees for services (non-employees):				
a Management				
b Legal	235,669.	29,345.	206,324.	
c Accounting	89,471.		89,471.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	562,201.			562,201.
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.)	1,022,289.	973,040.	43,783.	5,466.
12 Advertising and promotion	1,113,943.	825,395.		288,548.
13 Office expenses	274,577.	86,645.	164,459.	23,473.
14 Information technology	798,777.	764,372.	18,977.	15,428.
15 Royalties				
16 Occupancy	1,879,142.	1,729,470.	149,672.	
17 Travel	271,979.	189,362.	48,098.	34,519.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	69,871.		69,871.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,865,445.	3,865,445.		
23 Insurance	255,703.	255,703.		
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	93,506.		93,506.	
b EXHIBITS	3,508,203.	3,508,203.		
c EVENTS	1,647,003.	1,589,508.		57,495.
d MISCELLANEOUS	639,517.	429,154.	210,363.	
e All other expenses	2,313,658.	1,280,244.	2,516.	1,030,898.
25 Total functional expenses. Add lines 1 through 24e	26,552,714.	20,469,318.	2,142,919.	3,940,477.
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	11,938,817.	2	9,305,895.
	3 Pledges and grants receivable, net	48,496,762.	3	61,734,380.
	4 Accounts receivable, net	395,292.	4	359,699.
	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	1,014,487.	8	963,090.
	9 Prepaid expenses and deferred charges	1,818,235.	9	856,858.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 140,203,790.		
	b Less: accumulated depreciation	10b 58,448,737.	83,188,371.	10c 81,755,053.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	139,934,555.	12	150,415,952.
	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	53,217.
16 Total assets. Add lines 1 through 15 (must equal line 34)	286,799,196.	16	305,444,144.	
Liabilities	17 Accounts payable and accrued expenses	2,191,239.	17	2,301,123.
	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	6,291,280.	23	6,278,701.
	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	8,482,519.	26	8,579,824.
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	149,122,130.	27	150,117,729.
	28 Temporarily restricted net assets	62,567,625.	28	80,330,669.
	29 Permanently restricted net assets	66,626,922.	29	66,415,922.
	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	278,316,677.	33	296,864,320.
	34 Total liabilities and net assets/fund balances	286,799,196.	34	305,444,144.

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THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE

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	34,960,756.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,552,714.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,408,042.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	278,316,677.
5	Net unrealized gains (losses) on investments	5	10,139,601.
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	296,864,320.

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 _____		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) 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
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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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9834639.	7456115.	18602993.	13724309.	23603913.	73221969.
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	9834639.	7456115.	18602993.	13724309.	23603913.	73221969.
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)						12670957.
6 Public support. Subtract line 5 from line 4.						60551012.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	9834639.	7456115.	18602993.	13724309.	23603913.	73221969.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3962653.	4162028.	4391824.	5889628.	4335219.	22741352.
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 VI.)						
11 Total support. Add lines 7 through 10						95963321.
12 Gross receipts from related activities, etc. (see instructions)					12	33,408,184.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	63.10 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	60.35 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 VI 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 - 2014. 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 VI 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"/>

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

**THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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

2015

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 foundation

Check 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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) (2015)

Name of organization THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE	Employer identification number 77-0054631
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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	\$ 500,000.	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	\$ 1,904,600.	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	\$ 2,419,571.	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	\$ 2,012,511.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A FOR PUBLIC DISCLOSURE	\$ 2,953,827.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A FOR PUBLIC DISCLOSURE	\$ 4,922,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE	Employer identification number 77-0054631
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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
7	N/A FOR PUBLIC DISCLOSURE	\$ 700,444.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
_____	_____	\$ _____	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.)
_____	_____	\$ _____	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.)

Name of organization THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE	Employer identification number 77-0054631
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	STOCKS <hr/> <hr/> <hr/>	\$ 700,444.	12/31/15
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE	Employer identification number 77-0054631
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2015

Open to Public Inspection

▶ **Information about Schedule D (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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" on 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 a 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE

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 exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 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" on 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	150,110,413.	160,308,398.	148,171,329.	135,587,811.	121,831,359.
b Contributions		10,000.	771,616.	904,137.	129,063.
c Net investment earnings, gains, and losses	11,759,315.	-4,207,985.	12,325,453.	12,617,381.	14,545,389.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,500,000.	6,000,000.	960,000.	938,000.	918,000.
f Administrative expenses					
g End of year balance	159,369,728.	150,110,413.	160,308,398.	148,171,329.	135,587,811.

- 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 on 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:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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" on 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		24,159,956.		24,159,956.
b Buildings		88,082,553.	41,178,653.	46,903,900.
c Leasehold improvements				
d Equipment		27,961,281.	17,270,084.	10,691,197.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				81,755,053.

**THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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	10,033,687.	END-OF-YEAR MARKET VALUE
(B) EQUITY MUTUAL FUNDS	69,573,619.	END-OF-YEAR MARKET VALUE
(C) TRUST FUNDS HELD BY		
(D) OTHERS	3,396,418.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME MUTUAL FUNDS	67,412,228.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	150,415,952.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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" on 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" on 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

THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE

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

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

1	Total revenue, gains, and other support per audited financial statements	1	47,905,494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	10,139,601.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,805,137.
e	Add lines 2a through 2d	2e	12,944,738.
3	Subtract line 2e from line 1	3	34,960,756.
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	34,960,756.

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

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

1	Total expenses and losses per audited financial statements	1	29,357,851.
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	2,805,137.
e	Add lines 2a through 2d	2e	2,805,137.
3	Subtract line 2e from line 1	3	26,552,714.
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	26,552,714.

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:

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. IN FEBRUARY 2016 THE FOUNDATION ASSUMED RESPONSIBILITY FOR VISITOR SERVICES AND OPERATES THE ADMISSIONS AREA OF THE MUSEUM. ACCOUNTS RECEIVABLE FROM NARA AMOUNTED TO \$179,014 AT SEPTEMBER 30, 2016.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PROVISION FOR UNCOLLECTIBLE PLEDGES NETTED AGAINST REVENUE	226,000.
COST OF GOODS SOLD NETTED AGAINST REVENUE	1,628,535.
RENTAL EXPENSES NETTED AGAINST REVENUE	950,602.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,805,137.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PROVISION FOR UNCOLLECTIBLE PLEDGES NETTED AGAINST REVENUE	226,000.
COST OF GOODS SOLD NETTED AGAINST REVENUE	1,628,535.
RENTAL EXPENSES NETTED AGAINST REVENUE	950,602.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,805,137.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE	Employer identification number 77-0054631
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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
LONDON, ENGLAND	0	0	PROGRAM SERVICES	EXPENDITURES FOR THE MAINTENANCE OF THE STATUE IN LONDON WHICH WAS UNVEILED IN JULY	72,904.
3 a Sub-total	0	0			72,904.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			72,904.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2015
SEE PART V FOR COLUMN (E) DESCRIPTIONS

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)

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

THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE

77-0054631

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE

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 separately 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; do not file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

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):

REGION: LONDON, ENGLAND

(E) SPECIFIC TYPES OF SERVICES IN REGION: EXPENDITURES FOR THE MAINTENANCE OF THE STATUE IN LONDON WHICH WAS UNVEILED IN JULY 2011 DURING CENTENNIAL ANNIVERSARY EVENT OVERSEAS, WHERE RONALD REAGAN'S LEGACY OF INSPIRING FREEDOM AND CHANGING THE WORLD WAS CELEBRATED.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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" on 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, MCKEON GROUP - 675 N. WASHINGTON STREET, STE 340, LISA HARTSOCK - 739 E. BRAEBURN DRIVE, PHOENIX, AZ	DIRECT MAIL CONSULTING		X	1,184,150.	376,200.	807,950.
PARAGON CHARITABLE SERVICES GROUP, INC. - 35 INVERARY,	FUNDRAISING CONSULTANT		X	300,000.	102,805.	197,195.
	FUNDRAISING CONSULTANT		X	52,640.	34,768.	17,872.
	FUNDRAISING CONSULTANT		X	0.	48,428.	-48,428.
Total				1,536,790.	562,201.	974,589.

- 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, MO

THE RONALD REAGAN PRESIDENTIAL

Schedule G (Form 990 or 990-EZ) 2015

FOUNDATION AND INSTITUTE

77-0054631 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
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" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	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 conducts gaming activities: _____
 a Is the organization licensed to conduct 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
FOUNDATION AND INSTITUTE

- 11 Does the organization conduct 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 conducted 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 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: MCKEON GROUP
 (I) ADDRESS OF FUNDRAISER:
 675 N. WASHINGTON STREET, STE 340, ALEXANDRIA, VA 22314

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: LISA HARTSOCK

(I) ADDRESS OF FUNDRAISER: 739 E. BRAEBURN DRIVE, PHOENIX, AZ 85022

(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" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2015

Open to Public
Inspection

▶ Attach to Form 990.
▶ Information about Schedule I (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 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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

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

**THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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	129	692,542.	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:

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)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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

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

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE

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 on 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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN D. HEUBUSCH EXECUTIVE DIRECTOR	(i) 415,385.	100,000.	0.	26,500.	25,105.	566,990.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(2) GLENN BAKER CHIEF FINANCIAL OFFICER	(i) 220,192.	12,000.	0.	23,219.	25,089.	280,500.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(3) JOANNE M. DRAKE CHIEF ADMINISTRATIVE OFFICER	(i) 194,808.	10,000.	0.	20,481.	25,716.	251,005.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(4) HAYDEN SHAW III CHIEF DEVELOPMENT OFFICER	(i) 275,193.	30,000.	0.	26,500.	9,353.	341,046.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(5) CARY GARMAN SENIOR CONTROLLER	(i) 152,600.	6,000.	0.	15,860.	17,350.	191,810.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(6) MELISSA GILLER CHIEF MARKETING OFFICER	(i) 143,312.	9,000.	0.	15,231.	24,437.	191,980.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(7) MARK FITZPATRICK CHIEF TECHNOLOGY OPERATIONS	(i) 154,000.	6,000.	0.	16,000.	15,235.	191,235.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(8) KATHLEEN A. SWIFT DIR. OF RETAIL & BUS. DEVE	(i) 145,423.	5,000.	0.	15,042.	9,121.	174,586.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(9) ANTHONY D PENNAY CHIEF LEARNING OFFICER	(i) 137,423.	7,000.	0.	14,442.	992.	159,857.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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	7	962,301.	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 ()				
26 Other ()				
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 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for 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) (2015)

THE RONALD REAGAN PRESIDENTIAL

Part II

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.

Multiple horizontal lines for supplemental 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

2015

Open to Public
Inspection

Name of the organization	THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE	Employer identification number	77-0054631
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN 2016, THE ORGANIZATION'S BOARD OF TRUSTEES APPROVED THE EXPANSION OF THIS MISSION TO INCLUDE PROJECTS AND PROGRAMS UNDER THE AUSPICES OF THE REAGAN INSTITUTE. THIS NEW ENTITY WILL MOVE BEYOND THE IMPORTANT MISSION OF PRESERVING THE MEMORY OF OUR 40TH PRESIDENT. THAT MEMORY IS CAPTURED WONDERFULLY AT THE WORLD CLASS MUSEUM LOCATED AT THE REAGAN PRESIDENTIAL LIBRARY, THE LARGEST AND MOST VISITED LIBRARY OF ITS KIND IN THE UNITED STATES. THE REAGAN INSTITUTE WILL PROACTIVELY PROMOTE PRESIDENT REAGAN'S IDEALS AND VISION, AS WELL AS SHARE HIS LEADERSHIP ACCOMPLISHMENTS THAT BROUGHT A COUNTRY TOGETHER AND INSTILLED ENTHUSIASM AND CONFIDENCE AMONG THE AMERICAN PEOPLE. ADDITIONALLY, FOR THE BENEFIT OF GENERATIONS TO COME, THE REAGAN INSTITUTE WILL BE A CENTER FOR YOUTH EDUCATION AND ACADEMIC ALLIANCES, SCHOLARLY WORK, AND SUBSTANTIVE, ISSUE-DRIVEN FORUMS.

FUNDED SOLELY THROUGH PRIVATE GIFTS AND DONATIONS, WE HONOR THE LIFE OF RONALD REAGAN, ONE OF THE GREATEST AND MOST ADMIRER OF THE AMERICAN PRESIDENTS OF THE 20TH CENTURY.

OVER 431,778 VISITORS CAME UP TO THE LIBRARY'S HILLTOP LAST YEAR, OF WHICH OVER 40,427 WERE SCHOOL CHILDREN.

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

>FRED BARNES (AUTHOR): 10/26/15

>MORTON KONDRACKE (AUTHOR): 10/26/15

Name of the organization	THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE	Employer identification number	77-0054631
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>GREG GUTFELD (FOX NEWS, CO-HOST OF "THE FIVE"): 11/16/15

>KARL ROVE (DEPUTY CHIEF OF STAFF AND SENIOR ADVISOR TO PRESIDENT BUSH): 1/7/16

>SIR DERMOT TURING (AUTHOR): 1/12/16

>ROBERT GATES (FORMER UNITED STATES SECRETARY OF DEFENSE): 2/1/16

>MARLIN FITZWATER (SPEECHWRITER TO PRESIDENT REAGAN): 2/6/16

>MICHAEL RAMIREZ (POLITICAL CARTOONIST): 2/17/16

>GENERAL DAVID PETRAEUS (FORMER DIRECTOR OF THE CIA): 3/25/16

>STEVE FORBES (EDITOR-IN-CHIEF, FORBES MAGAZINE): 4/7/16

>J.C. WATTS, JR. (FORMER OKLAHOMA HOUSE OF REPRESENTATIVES): 4/13/16

>STEVE CASE (CO-FOUNDER OF AOL): 4/29/16

>JAMES ROSEBUSH (AUTHOR): 5/9/16

>CHASE UNTEMeyer (AUTHOR): 6/9/16

>MICHAEL REAGAN (AUTHOR): 6/11/16

>JOE MONTEGNA (ACTOR): 6/16/16

>PATTI DAVIS (AUTHOR): 6/18/16

>ROB O'NEILL (FOX NEWS CORRESPONDENT): 7/27/16

>MIKE PENCE (GOVERNOR OF INDIANA): 9/8/16

>LAWRENCE KUDLOW (TV HOST, CNBC): 9/21/16

>BRIAN DOMITROVIC (AUTHOR): 9/21/16

SPECIAL EVENTS

>THE REAGAN NATIONAL DEFENSE FORUM: ON NOVEMBER 7, 2015, THE FOUNDATION'S THIRD ANNUAL REAGAN NATIONAL DEFENSE FORUM BROUGHT TOGETHER LEADERS AND KEY STAKEHOLDERS IN THE DEFENSE COMMUNITY - INCLUDING MEMBERS OF CONGRESS, CIVILIAN OFFICIALS AND MILITARY LEADERS FROM THE DEFENSE DEPARTMENT AND INDUSTRY - TO ADDRESS THE HEALTH OF OUR NATIONAL DEFENSE AND STIMULATE DISCUSSIONS THAT PROMOTE POLICIES TO

Name of the organization	THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE	Employer identification number	77-0054631
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STRENGTHEN THE U.S. MILITARY. THE DAY'S THEME WAS "PEACE THROUGH STRENGTH IN A TIME OF TRANSITION AND TURBULENCE." DOZENS OF SPEAKERS PARTICIPATED IN THE ALL-DAY PROGRAM WHICH INCLUDED KEYNOTE LUNCHEON REMARKS BY THE HONORABLE ASH CARTER (U.S. SECRETARY OF DEFENSE), CLOSING REMARKS BY THE HONORABLE ROBERT WORK (DEPUTY SECRETARY OF DEFENSE), AND THE PRESENTATION OF THE RONALD REAGAN PEACE THROUGH STRENGTH AWARD TO THE HONORABLE CONDOLEEZZA RICE (FORMER UNITED STATES SECRETARY OF STATE) AND THE HONORABLE ADAM SMITH (CONGRESSMAN).

>DEBATE VIEWING PARTY: ON SEPTEMBER 26, 2016, THE REAGAN FOUNDATION, IN PARTNERSHIP WITH KRLA'S THE ANSWER HOSTED A DEBATE VIEWING PARTY BETWEEN CANDIDATES DONALD TRUMP AND HILLARY CLINTON. THE VIEWING PARTY WAS MODERATED BY KRLA RADIO PERSONALITIES BEN SHAPIRO, ALISHA KRAUSS AND JENNIFER HORN.

>COMMEMORATING PRESIDENT REAGAN'S HISTORIC STRATEGIC DEFENSE INITIATIVE SPEECH: ON MARCH 23, 2016 THE FOUNDATION HELD AN EVENT IN CONJUNCTION WITH THE MISSILE DEFENSE ADVOCACY ASSOCIATION (MDAA). SPEAKERS INCLUDED ROBERT "BUD" MCFARLANE (FORMER NATIONAL SECURITY ADVISOR UNDER PRESIDENT REAGAN), LTGEN TREY OBERINGM RET. (FORMER DIRECTOR OF THE MISSILE DEFENSE AGENCY) AND LTGEN SAMUEL GREAVES (COMMANDER, SPACE AND MISSILE SYSTEMS CENTER, AIR FORCE SPACE COMMAND, LOS ANGELES AIR FORCE BASE).

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
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.

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

>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 2016, MORE THAN 13,000 STUDENTS FROM ACROSS THE UNITED STATES COMPLETED APPLICATIONS. TWENTY STUDENTS WERE AWARDED THE SCHOLARSHIP, WHICH PROVIDES \$10,000 PER YEAR FOR FOUR YEARS. RECIPIENTS PARTICIPATED IN A SCHOLARS RETREAT AT THE REAGAN LIBRARY AND RECEIVE ONGOING PROGRAMMING AND SUPPORT TO DEVELOP THEIR LEADERSHIP SKILLS.

>RONALD REAGAN PRESIDENTIAL FOUNDATION SCHOLARS PROGRAM: NEARLY 170 VENTURA COUNTY HIGH SCHOOL STUDENTS FROM SCHOOLS ACROSS THE COUNTY COMPRISED THE 2016 CLASS OF RONALD REAGAN PRESIDENTIAL FOUNDATION SCHOLAR CANDIDATES. \$50,000 IN COLLEGE SCHOLARSHIPS WAS AWARDED TO 13 STUDENTS WHO DEMONSTRATED OUTSTANDING LEADERSHIP, CHARACTER, COMMUNICATION SKILLS, ACADEMIC ACHIEVEMENT, AND COMMITMENT TO VENTURA COUNTY.

>GREAT COMMUNICATOR DEBATE SERIES: THE RONALD REAGAN GREAT

Name of the organization	THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE	Employer identification number	77-0054631
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COMMUNICATOR DEBATE SERIES IS DESIGNED TO DEVELOP PROACTIVE, INFORMED, EDUCATED, AND CONSCIENTIOUS CITIZENS AND LEADERS BY CREATING AND HOSTING A NATIONAL SERIES OF HIGH SCHOOL DEBATES. STUDENTS FROM ACROSS THE COUNTRY COMPETED AT SIX REGIONAL QUALIFYING TOURNAMENTS, AND THE FOUNDATION PARTNERED WITH THE NATIONAL SPEECH AND DEBATE ASSOCIATION AS WELL AS THE NATIONAL ASSOCIATION FOR URBAN DEBATE LEAGUES TO BRING 16 NATIONAL FINALISTS TO THE REAGAN LIBRARY IN SIMI VALLEY. A TOTAL OF \$40,000 IN SCHOLARSHIPS WAS AWARDED.

>RONALD REAGAN PUBLIC POLICY FELLOWSHIP PROGRAM: IN 2016, THIS FELLOWSHIP, UNDERWRITTEN BY THE DRAINE FAMILY CHARITABLE FOUNDATION INC., SUPPORTED A GRADUATE AT STUDENT THE UNIVERSITY OF CALIFORNIA, LOS ANGELES' LUSKIN SCHOOL OF PUBLIC AFFAIRS IN STUDYING RONALD REAGAN AND THE EFFECTS OF HIS ECONOMIC, SOCIAL, AND INTERNATIONAL POLICIES ON THE STATE OF CALIFORNIA, THE FEDERAL GOVERNMENT, AND THE WORLD.

>PRESIDENTIAL LEARNING CENTER PROGRAMMING: IN 2016, THE REAGAN FOUNDATION'S WALTER AND LEONORE ANNEBERG PRESIDENTIAL LEARNING CENTER (APLC) CONTINUED TO ENGAGE STUDENTS AND TEACHERS FROM ACROSS THE COUNTRY WITH ITS GOAL OF CULTIVATING INFORMED AND ENGAGED CITIZEN-LEADERS. THE APLC HOSTED MORE THAN 15 PROFESSIONAL DEVELOPMENT OPPORTUNITIES BOTH ONSITE AT THE REAGAN LIBRARY AND THROUGH PRESENTING AND EXHIBITING AT CONFERENCES ACROSS THE COUNTRY. WE DISTRIBUTED THOUSANDS OF COPIES OF OUR FREE CURRICULUM BOTH ONLINE AND IN-PERSON. FOR STUDENTS, THE APLC HOSTED A MEDAL OF HONOR FORUM, THE SIMI VALLEY YOUTH TOWN HALL, THE SIMI VALLEY YOUTH SUMMIT, A CONSTITUTION DAY LECTURE WITH LEADING HISTORIAN DR. GORDON LLOYD, AND A YOUNG WOMEN'S LEADERSHIP SUMMIT. IN ADDITION, THE APLC WORKED WITH SCHOOLS FROM ALL

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50 STATES TO AWARD MORE THAN 1,300 STUDENT LEADERSHIP AWARDS. IN TOTAL, THE APLC WORKED WITH MORE THAN 3,800 STUDENTS AND 2,000 EDUCATORS 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 CIVIC LEARNING FOCUSED EDUCATIONAL OFFERINGS OF THE REAGAN FOUNDATION.

>SUMMER LEADERSHIP PROGRAM: THIS PAST SUMMER, 175 HIGH SCHOOL STUDENTS FROM ACROSS THE COUNTRY LEARNED HOW EFFECTIVE COMMUNICATION, OPTIMISM, AND INFORMED DECISION MAKING ARE ESSENTIAL TO LEADERSHIP. THEY SPENT FIVE DAYS AT THE LIBRARY WORKING WITH EDUCATORS, COMMUNITY MENTORS, AND IN SOME CASES THEIR SCHOOL ADMINISTRATION TO CREATE THEIR OWN PERSONAL LEADERSHIP ACTION PLAN. STUDENTS GRADUATE FROM THE PROGRAM PREPARED TO MAKE A DIFFERENCE.

>THE LEADERSHIP AND THE AMERICAN PRESIDENCY (LTAP) PROGRAM: THE LTAP PROGRAM IS A NEW OPPORTUNITY FOR UNDERGRADUATE STUDENTS FROM ACROSS THE COUNTRY TO SPEND A SUMMER OR SEMESTER IN WASHINGTON, DC IMMERSSED INTO AN EXPERIENTIAL LEADERSHIP PROGRAM. STUDENTS IN THE PROGRAM TAKE AN ACCREDITED COURSE, LEADERSHIP AND THE PRESIDENCY, SERVE AS INTERNS IN A FIELD ALIGNED WITH THEIR INTERESTS AND SKILL SETS, AND BUILD PROFESSIONAL SKILLS THROUGH WORKSHOPS AND SPECIAL EVENTS. STUDENTS WHO HAVE PARTICIPATED IN THE PROGRAM HAVE CITED LTAP AS A TRANSFORMATIVE EXPERIENCE IN THEIR LEADERSHIP JOURNEYS. LAUNCHED IN THE SUMMER OF 2016, THE LTAP PROGRAM HAS SERVED 66 STUDENTS IN ITS INAUGURAL YEAR, AND THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE HAS AWARDED

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\$233,735 IN SCHOLARSHIP FUNDING TO MAKE THIS OPPORTUNITY POSSIBLE FOR STUDENTS.

> THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE AWARDED A TOTAL OF \$692,542 IN VARIOUS SCHOLARSHIPS AND ASSISTANCE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: INCLUDING SOME OF THE RAREST, HISTORIC AND ICONIC FOOTBALL MEMORABILIA IN THE COUNTRY. THE EXHIBIT DISPLAYED REMARKABLE ARTIFACTS FROM THE LEGENDS OF THE GAME, AS WELL AS SECTIONS ON THE LA RAMS, USC AND USCLA, AND SCORES OF OTHER HISTORICALLY IMPORTANT PLAYERS AND ORGANIZATIONS.

>CHRISTMAS AROUND THE WORLD (NOVEMBER 14, 2015 - JANUARY 3, 2016): CHRISTMAS AROUND THE WORLD RETURNED AFTER A SIX-YEAR HIATUS. THE EXHIBIT INCLUDED 26 EXQUISITELY DECORATED TREES REPRESENTING THE 26 COUNTRIES THAT PRESIDENT REAGAN VISITED WHILE IN OFFICE, AS WELL AS A WHITE HOUSE TREE. DECORATIONS ENCOMPASSED THE BRIGHT AND FESTIVE COLORS OF THE CARIBBEAN, THE CRYSTALS OF THE NORDIC COUNTRIES AND THE TRADITIONAL DECORATIONS OF ENGLAND AND EUROPE. THE FEATURED TREE WAS AN ELEGANT REPRODUCTION OF PRESIDENT AND MRS. REAGAN'S WHITE HOUSE TREE COMPLETE WITH "REAGAN RED" DECORATIONS AND DOZENS OF HAND-BLOWN GLASS ORNAMENTS.

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

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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.
MARLIN FITZWATER, SPEECHWRITER TO PRESIDENT REAGAN, WAS THE PROGRAM'S
KEYNOTE SPEAKER.

THE YEAR AHEAD: FY 2017

FY2017 REAGAN FORUMS

>DICK MORRIS (AUTHOR); 10/6/16
>ANN COULTER (RADIO HOST); 10/11/16
>NEWT AND CALLISTA GINGRICH (AUTHORS); 10/18/16
>MIKE LOVE (SINGER, THE BEACH BOYS); 10/23/16
>DANA PERINO (FOX NEWS, CO-HOST OF "THE FIVE"): 11/15/16
>MICHAEL MEDVED (RADIO HOST); 11/17/16
>SAM DONALDSON (NEWS ANCHOR); 2/6/17
>SCOTT MCEWEN (AUTHOR); 2/9/17
>BRET BAIER (FOX NEWS, HOST, BRET BAIER SPECIAL REPORT): 2/13/17
>GEORGE W. BUSH (FORMER PRESIDENT OF THE UNITED STATES): 3/1/17
>GARY LINFOOT (U.S. ARMY, RETIRED); 3/2/17
>RICH LITTLE (COMEDIAN); 3/6/17
>PEGGY GRANDE (AUTHOR); 3/11/17
>JOHN HEUBUSCH (AUTHOR); 3/14/17
>CRAIG SHIRLEY (AUTHOR); 3/28/17
>DAVID HOROWITZ (AUTHOR); 4/5/17

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>CONDOLEEZZA RICE (FORMER SECRETARY OF STATE); 5/18/17

>JOHN AVLON (AUTHOR); 7/11/17

>DON BROWN (AUTHOR); 8/1/17

>JERRY YELLIN (AUTHOR); 8/1/17

>PAUL KENGOR (AUTHOR); 8/8/17

FY2017 SPECIAL PROGRAMS

>THE REAGAN NATIONAL DEFENSE FORUM: 12/2/16 - 12/3/16

>A NATION ENGAGED: POWER AND THE PRESIDENCY: 4/20/17

>THE 1ST 100 DAYS FORUM: 4/26/17

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

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.

FORM 990, PART VI, SECTION A, LINE 7A:

THE TRUSTEES OF THE FOUNDATION CAN ELECT TRUSTEES. PROPOSED TRUSTEES REQUIRE A MAJORITY VOTE TO BE ELECTED TO A 6 YEAR TERM.

FORM 990, PART VI, SECTION B, LINE 11:

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:

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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:

> 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.

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

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

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

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

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

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
SEPTEMBER 30, 2016

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	BALANCE DUE OF \$835
Make check payable to	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).
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 15, 2017
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2015 or other tax year beginning OCT 1, 2015, and ending SEP 30, 2016

2015

▶ Information 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

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>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)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 40 PRESIDENTIAL DRIVE, NO. 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code SIMI VALLEY, CA 93065-0600</p>	<p>D Employer identification number (Employees' trust, see instructions.) 77-0054631</p> <p>E Unrelated business activity codes (See instructions.) 453220</p>
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C Book value of all assets at end of year: **305444144.**

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust 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 <u>36,350.</u>			
b Less returns and allowances			
c Balance ▶	1c 36,350.		
2 Cost of goods sold (Schedule A, line 7)	2 15,599.		
3 Gross profit. Subtract line 2 from line 1c	3 20,751.		20,751.
4a Capital gain net income (attach 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 20,751.		20,751.

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	6,440.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	571.
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	976.
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 1	28	6,459.
29 Total deductions. Add lines 14 through 28	29	14,446.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	6,305.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	6,305.
33 Specific deduction (Generally \$1,000, but see line 33 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	5,305.

THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE

Form 990-T (2015)

77-0054631

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> 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	796.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	796.

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	796.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	796.
44a Payments: A 2014 overpayment credited to 2015	44a	
b 2015 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: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	1.
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed STATEMENT 2	47	797.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)


1 At any time during the 2015 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		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.	6 Inventory at end of year	6	0.
2 Purchases	2	15,599.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	15,599.
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	15,599.			

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.

Sign Here
 Signature of officer: _____ Date: _____ Title: **CHIEF FIN OFFICER**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **CRAIG M. FRYE** Preparer's signature:  Date: **07/26/17** Check if self-employed PTIN: **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**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(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.	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)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 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)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 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.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 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	2,320.
CATALOG PRINTING & MAILING	649.
MISCELLANEOUS	3,490.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	6,459.

FORM 990-T INTEREST AND PENALTIES STATEMENT 2

TAX FROM FORM 990-T, PART IV	796.
UNDERPAYMENT PENALTY	1.
LATE PAYMENT INTEREST	14.
LATE PAYMENT PENALTY	24.
TOTAL AMOUNT DUE	835.

FORM 990-T LATE PAYMENT INTEREST STATEMENT 3

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	02/15/17	796.	796.	.0400	161	14.
DATE FILED	07/26/17		810.			
TOTAL LATE PAYMENT INTEREST						14.

FORM 990-T LATE PAYMENT PENALTY STATEMENT 4

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	02/15/17	796.	796.	6	24.
DATE FILED	07/26/17		796.		
TOTAL LATE PAYMENT PENALTY					24.

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

2015

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name **THE RONALD REAGAN PRESIDENTIAL
FOUNDATION AND INSTITUTE**

Employer identification number
77-0054631

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	796.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	796.
4	Enter the tax shown on the corporation's 2014 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	54.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	54.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	01/15/16	03/15/16	06/15/16	09/15/16
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	14.	13.	14.	13.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15				
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column				
13 Add lines 11 and 12				
14 Add amounts on lines 16 and 17 of the preceding column		14.	27.	41.
15 Subtract line 14 from line 13. If zero or less, enter -0-	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		14.	27.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	14.	13.	14.	13.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2015)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). <i>(Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)</i>	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2015 and before 7/1/2015	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2015 and before 10/1/2015	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2015 and before 1/1/2016	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2015 and before 4/1/2016	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{366}$	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2016 and before 7/1/2016	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2016 and before 10/01/2016	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2016 and before 1/1/2017	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2016 and before 2/16/2017	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38			\$ 1.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE					Identifying Number 77-0054631
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
01/15/16	14.	14.	60	.000081967	
03/15/16	13.	27.	16	.000081967	
06/15/16	14.	41.	92	.000109290	
09/15/16	13.	54.	107	.000109290	1.
12/31/16	0.	54.	46	.000109589	

Penalty Due (Sum of Column F). 1.

* Date of estimated tax payment, withholding credit date or installment due date.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE	Employer identification number (EIN) or 77-0054631
	Number, street, and room or suite no. If a P.O. box, see instructions. 40 PRESIDENTIAL DRIVE, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SIMI VALLEY, CA 93065-0600	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CARY L. GARMAN, CPA

• The books are in the care of **40 PRESIDENTIAL DRIVE - SIMI VALLEY, CA 93065-0600**

Telephone No. **(805) 577-4107**

Fax No. **(805) 577-4128**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2017**.

5 For calendar year , or other tax year beginning **OCT 1, 2015**, and ending **SEP 30, 2016**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE AN ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title **C.P.A.**

Date

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. THE RONALD REAGAN PRESIDENTIAL FOUNDATION AND INSTITUTE	Employer identification number (EIN) or 77-0054631
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 40 PRESIDENTIAL DRIVE, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SIMI VALLEY, CA 93065-0600	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CARY L. GARMAN, CPA

- The books are in the care of ▶ **40 PRESIDENTIAL DRIVE - SIMI VALLEY, CA 93065-0600**
Telephone No. ▶ **(805) 577-4107** Fax No. ▶ **(805) 577-4128**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2015**, and ending **SEP 30, 2016**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	September 30, 2016
Notice date	February 13, 2017
Employer ID number	77-0054631
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

128688.579899.238799.32181 1 AB 0.403 373



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



128688

Important information about your September 30, 2016 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your September 30, 2016 Form 990T.
Your new due date is August 15, 2017.

What you need to do

File your September 30, 2016 Form 990T by August 15, 2017.
Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.