DLN: 93493098005240 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable INTERNATIONAL FOUNDATION FOR RESEARCH IN EXPERIMENTAL ECONOMICS □ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2122 E CAMINO EL GANADO ☐ Amended return ☐ Application pending (520) 991-0109 City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ $\,\,857184108$ G Gross receipts \$ 413,299 Name and address of principal officer H(a) Is this a group return for VERNON L SMITH ☐Yes **☑**No subordinates? 2122 E CAMINO EL GANADO H(b) Are all subordinates TUCSON, AZ 857184108 ☐Yes ☐No ıncluded? **✓** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► IFREEWEB ORG L Year of formation 1997 M State of legal domicile AZ K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SUPPORT RESEARCH AND EDUCATION IN EXPERIMENTAL ECONOMICS Activities & Governance 2 Check this box ► ☐ 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) . 4 6 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) 6 15 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 43,500 45,067 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 26,483 40,436 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 69,983 85,503 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 401,614 411,356 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶1,867 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 15,438 20,694 417,052 432,050 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -347,069 -346,547 Net Assets or Fund Balances Beginning of Current Year **End of Year** 1,225,780 913,789 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 95,300 109,500 22 Net assets or fund balances Subtract line 21 from line 20 . 1,130,480 804,289 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 2020-04-06 Signature of officer Sign Here CAROL BRECKNER TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-04-06 P01456278 Paid self-employed Firm's name BEACHFLEISCHMAN PC Firm's EIN > 86-0683059 Preparer Use Only Firm's address ▶ 1985 E RIVER ROAD SUITE 201 Phone no (520) 321-4600 TUCSON, AZ 85718 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Form	990 (2019)					Page 2
Pa	statement	of Program Service	Accomplis	hments		
	Check if Sche	dule O contains a respoi	nse or note to	any line in this Part III		🗹
1	Briefly describe the o	organization's mission				
SYST EDU	EMS * IFREE FUNDS P	RIMARY RESEARCH IN I	MARKET AND P	ERSONAL EXCHANGE S	IICS TO IMPROVE THE UNDERSTAN SYSTEMS* IFREE SPONSORS PARTI REACH PROGRAMS FOR THOSE OUT	CIPATORY, HANDS-ON,
2	Did the organization	undertake any significai	nt program ser	vices during the year w	hich were not listed on	
		r 990-EZ?				🗌 Yes 🗹 No
	•	ese new services on Sch				
3	Did the organization	cease conducting, or ma	ake significant	changes in how it cond	ucts, any program	
3	services?	🗌 Yes 🗹 No				
	If "Yes," describe the	ese changes on Schedule	: O			
4	Section 501(c)(3) an		ns are required	to report the amount	largest program services, as meas of grants and allocations to others,	
4a	(Code) (Expenses \$	205,582	including grants of \$	205,212) (Revenue \$)
	See Additional Data					
4b	(Code) (Expenses \$	112,594	including grants of \$	106,144) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	100,370	including grants of \$	100,000) (Revenue \$)
	See Additional Data					
4d	Other program service	ces (Describe in Schedu	e O)			
	(Expenses \$	ınclu	ding grants of	\$) (Revenue \$)
	Total program serv	rice evnences b	418,5	16		

No

No

No

No

Nο

No

No

Nο

Nο

No

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Νo

Yes

Yes

Yes

14b

15

16

21

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Yes

Part IV Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 뉯 . . .

6 7 8

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V

11a

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 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

11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e

11f

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a

14a Did the organization maintain an office, employees, or agents outside of the United States? . . **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? *If "Yes," complete Schedule F, Parts I and IV* Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 🛸 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? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

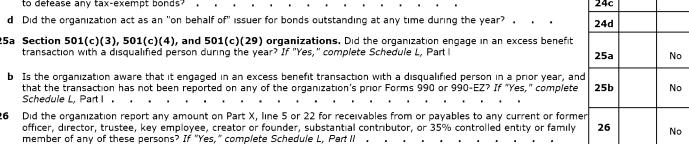
17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20h Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			

С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
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-F72 If "Yes " complete		No	



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28b

28c

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Yes

Yes

Yes Form **990** (2019)

No

No

No

Nο

Nο

Nο

Nο

No

No

No

No

Nο

Nο

Nο

Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to

instructions for applicable filing thresholds, conditions, and exceptions)

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Part V

a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV

A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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Pa			
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)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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)? If "Yes," enter the name of the foreign country	4a	No
	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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6а	No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
	Organizations that may receive deductible contributions under section 170(c).		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
u	The standard the number of forms 6252 filed during the year 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
	Gross income from members or shareholders		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	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		
	Enter the amount of reserves on hand	14a	l No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	145
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	-70	
	parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	No

orm	990 (2019)			Page (
Раг	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	•	onse to i	lines ✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14		No
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?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		,	
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed			
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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)			
L9	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			

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 • 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, or 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 See instructions for the order in which to list the persons above

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

Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related		ne bo	ox, u n of or/t	t che unle: ficer rust	ss pers and a	on	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-Z/1099- MISC)	(W-2/1099- MISC)	related organizations
(1) TUCKER ANDERSEN DIRECTOR	0 30	х						0	0	0
(2) CARY DECK DIRECTOR	2 00	х						0	0	0
(3) DIANE KAPLAN DIRECTOR	0 30	х						0	0	0
(4) JIM MURPHY DIRECTOR	3 00	х						0	0	0
(5) VERNON SMITH PRESIDENT/FOUNDER	3 00	х		X				0	0	0
(6) ROBERT GASAWAY CHAIRMAN OF THE BOARD	3 00	х		Х				0	0	0
(7) CANDACE SMITH VICE PRESIDENT	3 00			Х				0	0	0
(8) CAROL BRECKNER TREASURER	3 00			Х				0	0	0
										Form 990 (2019)

week (list any hours		oth a direct		and a		from the organization	from related organizations	compensation from the
for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations

1b Sub-Total			 ٠.	>		I
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1b Sub-Total	 		>			
c Total from continuation sheets to P			▶ _			
d Total (add lines 1h and 1c)			•	ol	ol	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000

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

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

of reportable compensation from the organization > 0

Section B. Independent Contractors

compensation from the organization ▶ 0

line 1a? If "Yes," complete Schedule J for such individual .

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							l					
1b Sub-Total												

1b Sub-Total		 •	>		

		·				
1b Sub-Total				>		
c Total from continuation sheets to Pa	rt VII Section	۸		- ▶ □		

Yes

3

4

5

(B)

Description of services

No

No

No

Nο

(C)

Compensation

Form 990 (2019)

Part	VII	Statement	of F	Revenue						
		Check If Sche	dule	O contains a	respo	nse or note to any	y 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
s s	1	a Federated camp	aigns	· . [1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due		· [1 b					
غَ جُ		c Fundraising ever		L	1c					
Sifts Jar		d Related organizae Government grants		Ļ	1d					
ıs, (f All other contribution		Ļ	1e					
ıtior er S		and similar amount above			1 f	45,067				
턀		g Noncash contribution	ons ın	cluded in						
ont		h Total. Add lines	1 = -1	f L	1g					
	┸	Total / lad iii es				Business Code	45,067		<u> </u>	<u> </u>
	2a									
Ele.										
rever.	Ŀ	•								
Program Service Revenue										
χerχ										
E S	C	i								
ogra	€	2								
4	f	All other program	serv	ice revenue						
		Total. Add lines			>					
	3	Investment income similar amounts)	e (Inc	luding divide	nds, ı	nterest, and other	38,32	0		38,320
	l	Income from inves			npt bo	ond proceeds i				
	5	Royalties					>			
				(ı) Rea	ıl	(II) Personal	_			
	62	Gross rents	6a							
	b	Less rental expenses	6ь							
	С	Rental income or (loss)	6c							
	,	d Net rental incom		(loss)		· · · •	-			
				(ı) Securi	ties	(II) Other				
	7 2	Gross amount from sales of	7a	3	29,912					
		assets other than inventory								
	b	Less cost or other basis and	7b	3	27,796	5				
		sales expenses					\dashv			
		Gain or (loss)	7c		2,116					2.446
		d Net gain or (loss) a Gross income from f	undra	ısına events		· · · •	2,11	Ь		2,116
٦ue		(not including \$ contributions reporte		of						
e< €		See Part IV, line 18			8a					
ř.		b Less direct exper			8b					
Other Revenue	ľ	c Net income or (lo:	ss) fr	om tundraisi	ng ev	ents >	1	+		
J	9a	Gross income from See Part IV, line 19	gamı	ing activities						
	ı	b Less direct exper			9a 9b		_			
	l	c Net income or (lo			actıvıtı	es •				
	10	a Gross sales of inv	ento	ry less						
	10	returns and allow	ances	5	10a					
		b Less cost of good			10 b					
	•	C Net income or (lo: Miscellaned	_		invent	ory ► Business Code	1			
	11		1\				1			
	ı	b								
		_								
	ľ	С								
	,	d All other revenue								
		e Total. Add lines 1				•		1		
	12	2 Total revenue. S	See ir	nstructions .				.2		0
							85,50	٥	0	0 40,436 Form 990 (2019)

Р	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must		_		ımn (A)
	Check if Schedule O contains a response or note to a not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A)	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assistance to domestic organizations and	Total expenses 264,708	expenses 264,708	general expenses	expenses
2	domestic governments See Part IV, line 21	100,000	100,000		
_	Part IV, line 22	100,000	100,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	46,648	46,648		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees)				
	Management				
Ŀ	Legal				
	Accounting	6,165		6,165	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,216	4,665	886	665
12	Advertising and promotion				
13	Office expenses	44	13	18	13
14	Information technology	777	233	311	233
15	Royalties				
16	Occupancy				
17	Travel	2,590	916	916	758
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,330	1,165	1,165	
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance	1,912		1,912	
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 BANK FEES	360	108	144	108
	b LICENSES AND FEES	300	90	120	90
	c				
	d				
	e All other expenses	122.052	440 545	44.60=	1.00=
	Total functional expenses. Add lines 1 through 24e	432,050	418,546	11,637	1,867
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)				
					Form 990 (2019)

Form 990 (2019)

3

Assets

11

12

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21

23

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25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 1

2

3

4

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6

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9

10c

11

12 13

14

15

16

17

18

19

20 21

22 23

24

25

26

27

28

29

30

31

32

33

1,030

1,139,460

1,225,780

95.300

95.300

940,094

190.386

1,130,480

1,225,780

Page **11**

62,476

1,093

850,220

913,789

109.500

109.500

708,616

95,673

804,289

913.789

Form 990 (2019)

		(A) Beginning of
1	Cash-non-interest-bearing	
2	Savings and temporary cash investments	

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

or family member of any of these persons

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Investments—program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Inventories for sale or use .

b Less accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

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

	Beginning of year	
Cash-non-interest-bearing	1,147	
Savings and temporary cash investments	84,143	
Pledges and grants receivable, net		
Accounts receivable, net		

10a

10b

Form	990 (2019)				Page 12
Pai	t XI Reconcilliation 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			85,503
2	Total expenses (must equal Part IX, column (A), line 25)	2			432,050
3	Revenue less expenses Subtract line 2 from line 1	3			-346,547
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,130,480
5	Net unrealized gains (losses) on investments	5			20,356
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			804,289
Pa	tXII 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

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

lo__

Form **990** (2019)

3b

Additional Data

Software ID:

ECONOMICS AT GEORGE MASON UNIVERSITY FOR 7 UNDERGRADUATE INTERNS IN JULY, THE FOUNDATION SUPPORTED A MINI-COURSE FOR EXPERIMENTAL ECONOMICS

Software Version:

EIN: 86-0879713

INTERNATIONAL FOUNDATION FOR RESEARCH IN Name:

EXPERIMENTAL ECONOMICS

Form 990 (2019)

Form 990, Part III, Line 4a:

EXPERIMENTAL ECONOMICS EDUCATION THE FOUNDATION MADE RESTRICTED GRANTS TO SUPPORT EDUCATIONAL PROGRAMS IN EXPERIMENTAL ECONOMICS. IN

JANUARY, THE FOUNDATION SUPPORTED A WEEK-LONG GRADUATE STUDENT WORKSHOP IN EXPERIMENTAL ECONOMICS AT CHAPMAN UNIVERSITY, ATTENDED BY 19

GRADUATE STUDENTS FROM THE UNITED STATES AND AROUND THE WORLD IN FEBRUARY, THE FOUNDATION SUPPORTED THE BOGOTA (COLOMBIA) EXPERIMENTAL ECONOMICS WORKSHOP & CONFERENCE, ATTRACTING PARTICIPANTS FROM LATIN AMERICA, NORTH AMERICA, EUROPE, ASIA AND THE MIDDLE EAST. IN MAY, THE

FOUNDATION SUPPORTED A FOUR-DAY UNDERGRADUATE STUDENT WORKSHOP IN EXPERIMENTAL ECONOMICS AT THE UNIVERSITY OF ALABAMA, ATTENDED BY 24 STUDENTS A WEEK-LONG HIGH SCHOOL STUDENT WORKSHOP SUPPORTED BY THE FOUNDATION WAS HELD IN JUNE AT CHAPMAN UNIVERSITY, ATTENDED BY 25 STUDENTS A GRANT ALSO SUPPORTED THE PARTICIPATION OF 5 UNDERGRADUATE STUDENTS FOR FIVE WEEKS IN A SUMMER SCHOLARS AND MENTORING PROGRAM HELD AT CHAPMAN UNIVERSITY FROM JUNE UNTIL AUGUST. THE FOUNDATION SUPPORTED A 7-WEEK UNDERGRADUATE WORKSHOP ON COMPUTATIONAL EXPERIMENTAL

HELD AT MONASH UNIVERSITY, AUSTRALIA, ATTENDED BY 30 STUDENTS IN JULY AND AUGUST, THE FOUNDATION SUPPORTED WORKSHOPS AT THE UNIVERSITY OF ECONOMICS IN HO CHI MINH CITY, VIETNAM AND AT CHULALONGKORN UNIVERSITY IN BANGKOK, THAILAND ATTENDED BY A TOTAL OF 44 STUDENTS. THE FOUNDATION

SUPPORTED 24 LECTURES HELD AT CHAPMAN UNIVERSITY AS PART OF A LECTURE SERIES. THE FOUNDATION SUPPORTED VISITS TO ANCHORAGE BY 3 SPEAKERS WHO GAVE LECTURES AT THE UNIVERSITY OF ALASKA ANCHORAGE AS PART OF A VISITING SPEAKER SERIES

EXPERIMENTAL ECONOMICS RESEARCHTHE FOUNDATION MADE RESTRICTED GRANTS TO SUPPORT RESEARCH IN EXPERIMENTAL ECONOMICS, INCLUDING THE FOLLOWING * EXCHANGE-TRADED FUNDS IN LABORATORY ASSET MARKETS * INFORMATION AGGREGATION AND ALTERNATIVE FACTS A VOTING EXPERIMENT * NORMATIVE UNCERTAINTY AND SOCIAL BEHAVIOR * CLAIMING CREDIT AMBIGUOUS CONTRIBUTIONS IN GROUP WORK * BEYOND DOMINANT STRATEGY MECHANISM DESIGN. IS STRATEGIC SIMPLICITY GOOD FNOLIGH? * NATURAL-RESOURCE WINDFALLS AND DEMANDS FOR GOVERNMENT ACCOUNTABILITY. EVIDENCE FROM THE LAB *

ANCHOR OR ASSET? REPORTING EXTERNAL OBLIGATIONS IN NEGOTIATIONS * THE EFFECT OF SEED MONEY AND MATCHING GIFTS IN FUNDRAISING. A LAB EXPERIMENT

* SOCIAL SIGNALING A STUDY IN WELFARE STIGMA * COMPETITION IN INFORMATION AN EXPERIMENTAL STUDY OF BAYESIAN PERSUASION IN A SEARCH

Form 990, Part III, Line 4b:

ENVIRONMENT * LABORATORY MARKET SOFTWARE FOR THE 21ST CENTURY

Form 990, Part III, Line 4c: FELLOWSHIPS AND SCHOLARSHIPSTHE FOUNDATION MADE FELLOWSHIP PAYMENTS TO TWO IFREE DISTINGUISHED FELLOWS AND TO THE 2019 RECIPIENT OF THE VERNON L SMITH ASCENDING SCHOLAR PRIZE, STEPHEN LEIDER

SCH				T PROCESS	As Filed Data -			DLIN. 3.	3493098005240
(Forn 990E:	orm 990 or Complete if the				Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) o empt charitable	organization or trust.	ort 📙	2019
		the Treasury	>	Go to <u>www.irs</u>	gov/Form990 for i			ormation.	Open to Public Inspection
Name	of th	ue Service 1e organiza ! IAL FOUNDATIO		RCH IN				Employer identific	<u> </u>
EXPERII	MENTA	AL ECONOMICS				<u>. </u>		86-0879713	
Pari					us (All organization : it is (For lines 1 thro			see instructions.	-
1			•		sociation of churches	•		(Δ)(i).	
2		•		,	1)(A)(ii). (Attach Sch			(,,,(,,,	
3						,	, ,	:::>	
4		·	·	•	vice organization desci			•	
4	Ц	name, city,		nization operati	ed in conjunction with	a hospital descri	bed in section 1	[/U(b)(1)(A)(III). E	nter the nospital's
5			tion operate iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descril	ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).	
7	✓			mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	nit or from the genera	al public described in
8		A communi	y trust desc	ribed in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	its exempt fur unrelated busin	(1) more than 331/39 actions—subject to certess taxable income (leadinglette Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	tion organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2)). See <mark>section 509(a</mark>	
a		organizatioi	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		managemei	nt of the sup		ervised or controlled in the sare and C.				
С		Type III fu	inctionally	integrated. A s	supporting organizatio				ted with, its
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	Ization operated fy a distribution i	in connection will requirement and	th its supported organ	, ,
e					ved a written determir integrated supporting		RS that it is a Ty	pe I, Type II, Type III	I functionally
f	Enter			l organizations	integrated supporting	organization			
g	Provid	de the follow	ıng ınformatı	on about the su	ipported organization(s)			
		lame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	f (iv) Is the organization listed in your governing document? (v) Amount of monetary support other (see instructions)		(vi) Amount of other support (see instructions)	
						Yes	No		
Total					nstructions for	Cat No 11285	<u> </u>		90 or 990-EZ) 2019

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	Support Schedule for O (Complete only if you che If the organization failed	cked the box on	line 5, 7, or 8 d	of Part I or if the	e organization fa	uled to qualify u	
S	ection A. Public Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(-,	(-,	(- /		(-,	
1	membership fees received (Do not	99,750	607,600	765,500	43,500	45,067	1,561,417
	include any "unusual grant ")	33,730	307,000	700,500	13,300	13,007	1,301,117
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	99,750	607,600	765,500	43,500	45,067	1,561,417
5	The portion of total contributions by	,					
	each person (other than a						
	governmental unit or publicly						1,122,815
	supported organization) included on line 1 that exceeds 2% of the amount						, ,
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
•	line 4						438,602
S	ection B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) ▶	` ,					
7	Amounts from line 4	99,750	607,600	765,500	43,500	45,067	1,561,417
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and	27,030	28,337	28,481	38,263	38,320	160,431
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through						1 721 040
	10						1,721,848
12	Gross receipts from related activities, e	tc (see instruction	s)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization,
	check this box and stop here					▶□	
S	ection C. Computation of Public						
14	Public support percentage for 2019 (line	e 6, column (f) dıvı	ided by line 11, co	lumn (f))		14	25 470 %
15	Public support percentage for 2018 Sch	edule A, Part II, lır	ne 14			15	29 650 %
	33 1/3% support test—2019. If the			n line 13, and line	14 is 33 1/3% or i	more, check this b	

6	line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						4;
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Tota
7	Amounts from line 4	99,750	607,600	765,500	43,500	45,067	1,56
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,030	28,337	28,481	38,263	38,320	16

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

▶ ☑

ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

17a 10%-facts-and-circumstances test-2019. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test—2018. 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

and stop here. The organization qualifies as a publicly supported organization

organization

instructions

supported organization

box and stop here. The organization qualifies as a publicly supported organization

20

	(Complete only if you control of the organization fails to						der Part II. If
Se	ection A. Public Support	quality affact	the tests fisted i	sciow, picuse co	ompiece ruit II.	,	
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(B) 2010	(0) 2017	(d) 2016	(e) 2019	(I) Iotai
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						
5	to or expended on its behalf 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 Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6)						
S	ection B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	(or fiscal year beginning in) ► Amounts from line 6		· , ,	· ,	. ,		+ ' '
L0a	Gross income from interest,						
.ua	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							
	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						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
13	11, and 12)						
14	First five years. If the Form 990 is fo	r the organizatior	n's fırst, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization <u>,</u>
	check this box and stop here						▶⊔
	ection C. Computation of Public S			(6))			
15	Public support percentage for 2019 (lin			column (†))		15	
16	Public support percentage from 2018 S	<u> </u>				16	
	ection D. Computation of Investi				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
17	Investment income percentage for 201	•		ııne 13, column (f))	17	
18	Investment income percentage from 20		· ·	an line at a second	. 45	18	
	331/3% support tests—2019. If the						_
	more than 33 1/3%, check this box and s	-					► L
b	33 1/3% support tests—2018. If the	-			•		1/3% and line 18 i
	not more than 33 1/3%, check this box	and stop nere.	The organization	quannes as a publ	iciy supported org	amzauoli	

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

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10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

			Yes	No
•	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)					
	below	3a				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the					
	determination					
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below					

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the				
	determination	3b	1		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections				

	Checked 12a or 12b in Part 1, answer (b) and (c) below	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or					
	supervised by or in connection with its supported organizations					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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)					
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>			
	organization's organizing document?	5b	1			

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

5c

6

7

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9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection 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	1		
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	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	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)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	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?	1		
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)			
	D	2		
	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	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	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	2a		
ŀ	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	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	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? <i>Provide details in Part VI</i> .	3a		
ŀ	Did the organizations? Provide details in Part VI. 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	3h		

3b

Page **6**

Schedule A (Form 990 or 990-F7) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

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		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
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	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

instructions)

7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to wh details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to who	sive (provide		
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			

details in Part VI) See instructions			
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019

q Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. d Excess from 2018. e Excess from 2019.

a From 2014. **b** From 2015. **c** From 2016. e From 2018. f Total of lines 3a through e

instructions)

See instructions

31 and 4c 8 Breakdown of line 7

\$

Additional Data

instructions)

Software ID:

Software Version:

FIN: 86-0879713

INTERNATIONAL FOUNDATION FOR RESEARCH IN Name:

Page 8

EXPERIMENTAL ECONOMICS

Schedule A (Form 990 or 990-EZ) 2019 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

Facts And Circumstances Test IFREE IS SCHEDULED TO WIND DOWN OPERATIONS BY 3/31/2022 BY WHICH TIME THE ORGANIZATION EXPECTS TO HAVE DISTRIBUTED SUBSTANTIALLY ALL OF ITS ASSETS IN THE FORM OF GRANTS AND FELLOWSHIPS ANY REMAINING ASSETS WILL BE DONATED TO ANOTHER 501(C)(3) ORGANIZATION THE ORGANIZATION WILL ONLY BE IN EXISTENCE FOR TWO MORE YEARS.

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

THEREFORE IT SEEMS REASONABLE THAT IFREE FALL UNDER THE 10% FACTS AND CIRCUMSTANCES TEST FOR SCHEDULE A

SCHEDULE D

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

DLN: 93493098005240

OMB No 1545-0047

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.

Cat No 52283D Schedule D (Form 990) 2019

(Form 990)

•	riment of the Treasury nal Revenue Service	► Go to <u>www.irs.gov/Forn</u>	1990 for instruction		d the latest info	mation.	In	spection
Na	me of the organiza		<u> </u>			Employer id		
	ERNATIONAL FOUNDATI PERIMENTAL ECONOMICS					86-0879713		
Pa	art I Organizat	tions Maintaining Donor Advi	sed Funds or Ot	her S	imilar Funds o	1		
	Complete	if the organization answered "Ye	s" on Form 990, I	Part I	V, line 6.			
			(a) Donor	advis	ed funds	(b) Fun	ds and other	accounts
•	Total number at end	·						
<u>.</u>		contributions to (during year)						
		grants from (during year)						
١	Aggregate value at	·						
5		n inform all donors and donor adviso erty, subject to the organization's ex			s held in donor ad	vised funds are		Yes 🗌 No
i		n inform all grantees, donors, and do s and not for the benefit of the donor					rmissible] Yes □ No
Pa		tion Easements.	os" on Form 000 I	Dart II	/ line 7			
		if the organization answered "Ye ervation easements held by the orga						
		of land for public use (e q , recreation	,	_ ``	Preservation of an	historically im	portant land	area
		natural habitat	ir or education)	_	Preservation of a c	•		aica
				Ш	Preservation of a c	ertiried histori	structure	
	☐ Preservation o	, .						
2	easement on the la	through 2d if the organization held a st day of the tax year	qualified conservati	on con	tribution in the for		ation at the End	of the Year
а		nservation easements				2a		
b	-	cted by conservation easements				2b		
С		ation easements on a certified histori				2c		
d		ation easements included in (c) acqu ne National Register	ired after 7/25/06, a	and no	t on a historic	2d		
3		ation easements modified, transferre	ed, released, extingu	ııshed,	or terminated by	the organizatio	n during the	
Ļ	Number of states w	where property subject to conservation	on easement is locat	ed 🕨				
;		ion have a written policy regarding the firm that is the conservation easements it hold:		ng, ins	pection, handling	of violations,	☐ Yes	□ No
,	Staff and volunteer	hours devoted to monitoring, inspec	cting, handling of vio	olation	s, and enforcing co	onservation eas		
,	Amount of expense ▶ \$	es incurred in monitoring, inspecting,	handling of violation	ns, and	l enforcing conser	vation easemei	nts during th	e year
3	Does each conserva	ation easement reported on line $2(d)$ $(4)(B)(II)$?	above satisfy the re	equire	ments of section 1	70(h)(4)(B)(ı)	☐ Yes	□ No
)		be how the organization reports cons include, if applicable, the text of the					and	□ NO
	the organization's a	accounting for conservation easemen	ts					
ar	Complete	tions Maintaining Collections If the organization answered "Ye	s" on Form 990, I	Part I	V, line 8.			
.a	art, historical treas	elected, as permitted under SFAS 11 ures, or other similar assets held for I, the text of the footnote to its finar	public exhibition, ed	lucatio	n, or research in f			
b	historical treasures	elected, as permitted under SFAS 11 , or other similar assets held for pub relating to these items						
(_	on Form 990, Part VIII, line 1				▶ \$		
	ii) Assets included in	·				· + _		
2	If the organization	received or held works of art, histori				♥ P ncıal gaın, prov	ride the	
а	_	required to be reported under SFAS on Form 990, Part VIII, line 1	110 (MDC 300) (elat	iig to	urese itellis	b ¢		
_						F		
b	Assets included in f	I OIIII 770, FAIL A				▶ \$		

Par	t II	Organizations M	aintaining Col	lections c	of Art, H	istori	cal T	reasur	es, or	Other	Similar A	ssets (cont	nued)	
3		ing the organization's acq ms (check all that apply)	uisition, accessioi	n, and other	records,	check a	any of	the follo	owing t	hat are a	significant	use of its col	ection	
а		Public exhibition				d		Loan o	r excha	ange prog	grams			
Ь		Scholarly research				е		Other						
c		Preservation for future	e generations											
4		ovide a description of the rt XIII	organization's col	lections and	l explain h	now the	y furtl	her the (organız	ation's e	xempt purp	ose in		
5		ring the year, did the org sets to be sold to raise fur									nılar	☐ Yes	□ N	0
Pa	rt I	Escrow and Cust Complete if the ord X, line 21.			" on Forr	n 990	, Part	IV, line	e 9, or	reporte	ed an amo	unt on Forn	າ 990,	Part
1a		the organization an agent luded on Form 990, Part :		an or other	ıntermedi	ary for	contri	butions	or othe	er assets	not	☐ Yes	□ N	o
ь	If	"Yes," explain the arrange	ement in Part XIII	and comple	ete the fol	lowing	table		[Amount		_
c		ginning balance							l	1c				_
d		ditions during the year							İ	1d				_
е		stributions during the year	r						l	1e				_
f		ding balance	•						l	1f				_
_		-		000 0								П.,	П.,	_
2a		the organization include										_	⊔ N	0
		Yes," explain the arrange		Check here	e if the ex	planati	on has	s been p	rovided	d in Part	XIII	. ⊔		
Ċ	rt V	Endowment Fund Complete if the or		vered "Yes	" on Forr	n 990	Part	TV lini	e 10					
		complete il tile on	gamzacion anov	(a) Currer			rior yea			ears back	(d) Three ye	ears back (e)	Four yea	rs back
1 a	Beg	nning of year balance .												
b	Con	tributions												
С	Net	investment earnings, gair	ns, and losses											
d	Grai	nts or scholarships												
е		er expenditures for facilition	es											
f	Adm	inistrative expenses .												
g	End	of year balance												
2 a		ovide the estimated perce ard designated or quasi-e	-	ent year end	d balance	(line 1g	g, colu	mn (a))	held a	s	•	,		
b	Pe	rmanent endowment >												
c		mporarily restricted endov	wment >											
-	Th	e percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
3а		e there endowment funds ganization by	not in the posses	sion of the	organızatı	on that	are h	eld and	admını	stered fo	r the		Yes	No
	(i)	unrelated organizations					•					3a(i)		
	•) related organizations .							•			3a(ii)		
b 4		'Yes" on 3a(11), are the re scribe in Part XIII the inte	-		•			· · ·	•			. 3b		
4 •••	rt V				ii s endow	anent T	unus							
Œ	U V	Complete if the or			" on Forr	n 990	, Part	IV, line	e 11a.	See For	rm 990. Pa	art X, line 1	0.	
	Des	cription of property	(a) Cost or oth (investme	ner basıs	(b) Cost of						depreciation		ook valu	e
1a	Land	<u> </u>												
		dings												
	Leas	sehold improvements												

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments—Other Securities.		11h C F 000 F	Part V. June 12
Complete if the organization answered "Yes" on Form 990, P (a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation -year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, P (a) Description of investment	art IV, lı	ne 11c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11d. See Form 990, Par	
(a) Description			(b) Book value
(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, Pa	art IV, lin	ne 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 or	ganization's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check h		text of the footnote has be	_

Schedule D (Form 990) 2019

	Complete if the organi	ization answered 'Yes' on Form 990, Part	IV, l	ine 12a.		
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ities	2b			
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d		٠.		2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b		٠		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem			Return	1.
1	Total expenses and losses per au-	ization answered 'Yes' on Form 990, Part dited financial statements	. IV, II	ine 12a.	1	
2	Amounts included on line 1 but no					
a		ities	2a	I		
a b			2b		\dashv	
	Other losses		2c		\dashv	
C			2d		4	
d	Other (Describe in Part XIII) .				ا ہے ا	
e	-				2e	
3					3	
4	,	Part IX, line 25, but not on line 1:	ء ا	I		
а	•	d on Form 990, Part VIII, line 7b	4a		_	
Ь	,		4b		→ _	
_ C					4c	
5	_	4c. (This must equal Form 990, Part I, line 18) .		5	
	t XIII Supplemental Info					
Pro	vide the descriptions required for P lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and s 2d and 4b Also complete this part to provide	4, Pari any a	t IV, lines 1b and 2b, Pa idditional information	rt V, line	4, Part X, line 2, Part
	Return Reference		Ex	planation		
See /	Addıtıonal Data Table					

Page 4

Page 5		Schedule D (Form 990) 2019			
	ormation (continued)	Supplemental Info	Part XIII		
	Explanation	Return Reference	Retu		
	<u> </u>				

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 86-0879713

Name: INTERNATIONAL FOUNDATION FOR RESEARCH IN

EXPERIMENTAL ECONOMICS

Supplemental Information

Return Reference

Explanation

PART X, LINE 2

OCCUR

FINANCIAL STATEMENT ASC 740 FOOTNOTE THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER BOT H FEDERAL (INTERNAL REVENUE CODE SECTION 501(C)(3)) AND ARIZONA INCOME TAX LAWS AND IS CLA SSIFIED AS OTHER THAN A PRIVATE FOUNDATION UNDER INTERNAL REVENUE CODE SECTION 170(B)(1)(A)(VI) INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE, HOWEVER, MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS TAXABLE INCOME (UBTI) FROM TIME TO TIME, THE FOUNDATION MAY BE SUBJECT TO PENALTIES AND INTEREST ASSESSED BY VAR IOUS TAXING AUTHORITIES, WHICH ARE CLASSIFIED AS MANAGEMENT AND GENERAL EXPENSES, IF THEY

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493098005240 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** INTERNATIONAL FOUNDATION FOR RESEARCH IN EXPERIMENTAL ECONOMICS 86-0879713 General Information on Activities Outside the United States. Complete If the organization answered "Yes" on Part I 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? 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 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 46.648 3a Sub-total **b** Total from continuation sheets to Part I 46,648 c Totals (add lines 3a and 3b) Cat No 50082W For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2019

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

Schedule F (Form 990) 2019

					itional space is ne		
(h) Method of valuation (book, FMV, appraisal, other	(g) Description of noncash assistance	(f) Amount of noncash assistance	(e) Manner of cash disbursement	(d) Amount of cash grant	(c) Number of recipients	(b) Region	Type of grant or assistance

Sche	dule F (Form 990) 2019		Page 4
Par	t 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, don't 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, don't file with Form 990)	Yes	☑ No

Schedule F (F	orm 990) 2019 Page 5					
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting meth 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 prove any additional information. See instructions.						
990 Sched	ule F, Supplemental Information					
Return	Explanation					
Reference						

990 Schedule F, Supplemental Information					
Return Reference	Explanation				

PART III ACCOUNTING METHOD

Additional Data

CHILE, COLÚMBIA, ECUADOR,

EUROPE (INCLUDING ICELAND

ANDORRA, AUSTRIA, BELGIUM

& GREENLAND) - ALBANIA,

Form 990 Schedule F Part T - Activities Outside The United States

Software ID: Software Version:

EIN: 86-0879713

Name: INTERNATION

INTERNATIONAL FOUNDATION FOR RESEARCH IN EXPERIMENTAL ECONOMICS

19,220

of the 550 Schedule 1 Fart 1 - Activities Outside The Officed States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region				
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL,	0		GRANTS TO RECIPIENTS LOCATED IN REGION		18,295				

0 GRANTS TO RECIPIENTS

LOCATED IN REGION

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 IGRANTS TO RECIPIENTS 9.133 EAST ASIA AND THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, LOCATED IN REGION CAMBODIA.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH AMERICA IECONOMICS 18.295 WIRE - ARGENTINA. IEDUCATION BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, EUROPE leconomics. 9.225 CHECK (INCLUDING RESEARCH ICELAND & |GREENLAND) -ALBANIA, ANDORRA, laustria.

BELGIUM

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV. cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) -627 CHECK EAST ASIA AND **ICURRENCY** THE PACIFIC -**IEXCHANGE** AUSTRALIA, DIFFERENCE BRUNEI, BURMA, FROM 2018 CAMBODIA. FUROPE **IECONOMICS** 9.995 WIRE (INCLUDING IRESEARCH ICELAND &

GREENLAND)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description ່ (g) Amount of ເ (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(ıf cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) EAST ASIA ECONOMICS 9,760 CHECK IAND THE RESEARCH PACIFIC

DLN: 93493098005240 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number INTERNATIONAL FOUNDATION FOR RESEARCH IN 86-0879713 EXPERIMENTAL ECONOMICS Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

RECIPIENTS ARE INTERNATIONALLY RECOGNIZED UNIVERSITIES OR RESEARCH INSTITUTIONS SELECTED BY THE BOARD RECIPIENTS MONITOR SPENDING ACCORDING TO A BUDGET ISSUED BY THE FOUNDATION ALONG WITH THE GRANT RECIPIENTS ARE REQUIRED TO RETURN ANY UNUSED FUNDS AT THE END OF THE

Schedule I (Form 990) 2019

(5) (6) (7)

Explanation

GRANT TERM

Return Reference

PART I, LINE 2

Additional Data

FAIRBANKS, AK 99775

		Software Version	:		
		EIN	: 86-0879713		
		Name	: INTERNATIONAL FO EXPERIMENTAL ECO		SEARCH IN
orm 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valu

Software ID:

if applicable organization grant

and Domesti	c Governments.		
Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	

(h) Purpose of grant or assistance

or government				assistance	otner)	
CHAPMAN UNIVERSITY ONE UNIVERSITY DRIVE ORANGE, CA 92866	95-1643992	501(C)(3)	36,186			EXPERIMENTAL ECONOMICS EDUCATION
UNIVERSITY OF ALASKA FOUNDATION PO BOX 755120	23-7394620	501(C)(3)	26,900			EXPERIMENTAL ECONOMICS EDUCATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BOARD OF THE UNIVERSITY 63-6001138 501(C)(3) 82.458 EXPERIMENTAL OF ALABAMA ECONOMICS EDUCATION

PO BOX 870136 TUSCALOOSA, AL 35487 MERCATUS CENTER INC 54-1436224 501(C)(3) 52.000 3301 N FAIRFAX DRIVE SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ARLINGTON, VA 22201

EXPERIMENTAL **IECONOMICS** 450 EDUCATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-6000531 STATE OF TEXAS 20.000 TEXAS A&M AGRILIFE | EXPERIMENTAL IECONOMICS RESEARCH

RESEARCH PO BOX 10420 COLLEGE STATION, TX 77842

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

120 THEORY STE 200 IRVINE, CA 92697

REGENTS OF THE UNIVERSITY 95-2226406 STATE OF CALIFORNIA 9.977 | EXPERIMENTAL OF CALIFORNIA AT IRVINE ECONOMICS RESEARCH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 03-0179298 501(C)(3) 9.925 PRESIDENT AND FELLOWS OF IEXPERIMENTAL MIDDLEBURY COLLEGE IECONOMICS RESEARCH CONTROLLERS OFFICE SUITE

102 MIDDLEBURY, VT 05753 TRUSTEES OF PURDUE 35-6002041 501(C)(3) 7,400 UNIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EXPERIMENTAL ECONOMICS RESEARCH 1281 WIN HENTSCHEL BLVD STE 1100 WEST LAFAYETTE, IN 47906

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-6002033 -138 UNIVERSITY OF MARYLAND STATE OF MARYLAND IUNUSED GRANT FUNDS

7809 REGENTS DRIVE RETURNED COLLEGE PARK, MD 20742 REGENTS OF THE UNIVERSITY 94-1539563 10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SANTA CRUZ, CA 95064

501(C)(3) EXPERIMENTAL OF CALIFORNIA LECONOMICS RESEARCH 1156 HIGH STREET

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

25-0965591 501(C)(3) 10.000 UNIVERSITY OF PITTSBURGH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PITTSBURGH, PA 15260

| EXPERIMENTAL 116 ATWOOD STREET SUITE IECONOMICS RESEARCH

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SCHEDUL (Form 990 or EZ)		ecific questions on	2019
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EXPERIMENTAL EC	OUNDATION FOR RESEARCH IN	86-0879713	ification number
Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 2	VERNON L SMITH AND CANDACE C SMITH ARE HUSBAND AND WIFE		

990 Schedule O, Supplemental Information

Return Explanation

LINE 11B

L	Reference	
Γ	FORM 990,	IFREE'S FORM 990 IS PREPARED BY AN INDEPENDENT CPA AND PROVIDED TO THE TREASURER FOR REVIEW THE
ı	PART VI,	TREASURER REVIEWS THE DETAIL AND GOES OVER ANY QUESTIONS WITH THE CPA A COPY IS THEN PROVIDED TO
ı	SECTION B.	ALL BOARD MEMBERS VIA EMAIL FOR ANY COMMENTS BEFORE FINALIZING

990 Schedule O, Supplemental Information

Return

THE CONFLICT OF INTEREST POLICY REQUIRES THAT AN INTERESTED PERSON DISCLOSE THE EXISTENCE OF ANY
FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS
AND MEMBERS OF COMMITTEES WITH POWERS DELEGATED BY THE BOARD CONSIDERING THE PROPOSED
TRANSACTION OR ARRANGEMENT THE INTERESTED PERSON MAY SUBMIT FACTS AND PARTICIPATE IN
DISCUSSION, BUT MUST LEAVE THE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS
DISCUSSED AND VOTED UPON BY THE REMAINING BOARD OR COMMITTEE MEMBERS THE POLICY STATES THAT
EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH POWERS DELEGATED BY THE BOARD
SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF IFREE'S CONFLICT
OF INTEREST POLICY, HAS READ AND UNDERSTOOD IFREE'S POLICY, HAS AGREED TO COMPLY WITH IFREE'S
POLICY, AND UNDERSTANDS IFREE IS A NONPROFIT CORPORATION, AND IN ORDER TO MAINTAIN ITS FEDERAL TAX
EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT
PURPOSES AN ANNUAL STATEMENT IS PROVIDED TO AND SIGNED BY THE DIRECTORS AND OFFICERS

Explanation

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

990	Schedule	0, 9	Suppleme	ntal	Inform	ation

Return Reference	Explanation
ADDITIONAL INFORMATION	ABOUT IFREE IFREE'S PRIORITIES AND RESPONSIBILITIES ARE TO 'HIGHLIGHT THE PIONEERING AP PROACH TO ECONOMIC UNDERSTANDING AND THE UNIQUE APPROACH TO EDUCATION THAT GREW OUT OF THE DEVELOPMENT OF EXPERIMENTAL METHODS IN ECONOMICS, 'SUPPORT RESEARCH AND EDUCATION THAT C ONTINUES THAT DEVELOPMENT, AND 'CONDUCT EDUCATIONAL OUTREACH INTO BROADER COMMUNITIES OF PEOPLE IN BUSINESS AND GOVERNMENT IFREE'S LONG RUN VISION IS TO CHANGE THE WAY PEOPLE THI NK ABOUT ECONOMICS CHARACTERISTIC PRINCIPLES UNDERLYING IFREE-SUPPORTED ACTIVITY 'DECEN TRALIZED KNOWLEDGE AND EFFICIENT COORDINATION REQUIRE FREE CHOICE AMONG INDIVIDUALS GOVERN ED BY RULES RESPECTING LIMITED RESOURCES AND CONSTRAINED BY THE FREEDOM OF CHOICE OF OTHER S '"KNOW-HOW" KNOWLEDGE IN SOCIETY IS DISPERSED ACROSS INDIVIDUALS IN ALL SOCIAL SYSTEMS 'DIVERSITY OF PREFERENCES, KNOWLEDGE, AND SKILLS IS THE HALLMARK OF ALL MARKETS AND SOC IAL SYSTEMS 'FREE CHOICE ALLOWS HUMAN SOCIAL SYSTEMS TO EXPLORE AND DISCOVER THE OPPORTU NITIES THROUGH WHICH ALL CAN ACHIEVE INCREASING GAINS FROM EXCHANGE THROUGH THE SPECIALIZATION ENABLED BY EXCHANGE 'PERSONAL AND IMPERSONAL EXCHANGE SYSTEMS THAT HAVE CO-EVOLVED WITH KNOWLEDGE/SKILL SPECIALIZATION ARE THE ONLY KNOWN ENGINES OF WEALTH CREATION, BUT DET AILS ARE CRITICAL MARKET EXPERIMENTS ENABLE US TO BETTER UNDERSTAND HOW INSTITUTIONS MATTER BECAUSE THE RULES MATTER, AND HOW RULES MATTER BECAUSE INCENTIVES MATTER 'PERSONAL SO CIAL EXCHANGE SYSTEMS MIPORTANTLY COMPLEMENT MARKET EXCHANGE SYSTEMS MOPENSATION. BUT ARE DIFFERENTLY EXPRESSED AS RECIPROCITY IN SOCIAL EXCHANGE, AND PROPERTY RIGHTS SUPPORTED BY THE RULE OF LAW IN MARKET EXCHANGE 'PRODUCT AND SERVICE MARKETS ARE FAR MORE EFFECTIVE THAN STANDARD ECONOMIC THEORY PREDICTS IN BOTH LABORATORY MARKET EXPERIMENTS, AND IN THE DEVELOPMENT OF NEW FIELD APPLICATIONS, DISPERSED PRIVATE INFORMATION IS SUFFICIENT FOR RULE-GUIDED ACTION THE IMPORTANT RESEARCH QUESTION IS HOW SHOULD THE RULES VARY WITH CIRCUMSTANCES? 'MARKETS CAN BE STRUCTURED SO THAT THEY ARE SELF-REGULATING AND SELF-ORDE

990 Schedule O, Supplemental Information

Return Reference	Explanation
ADDITIONAL INFORMATION	IOUSLY BEEN INACCESSIBLE TO EXPERIMENT AND DIRECT OBSERVATION EDUCATION AND OUTREACH * A PPRENTICESHIP-BASED, HANDS-ON LEARNING IN MARKETS AND GROUP DECISION PROCESSES USING LABOR ATORY TECHNOLOGY FOR STUDENTS AT ALL LEVELS FROM THE U S AND OTHER COUNTRIES THAT ARE A P ART OF TEAM RESEARCH PROJECTS WORKING WITH FACULTY AT CHAPMAN UNIVERSITY AND OTHER UNIVERS ITIES * WORKSHOPS IN HANDS-ON EXPERIMENTAL LEARNING METHODS FOR HIGH SCHOOL STUDENTS AND TEACHERS, UNDERGRADUATE AND GRADUATE STUDENTS AT CHAPMAN AND OTHER UNIVERSITIES AROUND THE U S AND THE WORLD, AND FOR PRACTITIONERS IN INDUSTRY AND GOVERNMENT * DEVELOPMENT OF EDU CATIONAL SOFTWARE AND TRANSFERABLE LEARNING MODULES FOR USE IN THE CLASSROOM, OUTREACH DEM ONSTRATIONS AND UNDERGRADUATE AND GRADUATE STUDENT WORKSHOPS * SPEAKER SEMINARS IN EXPERI MENTAL ECONOMICS HELD AT CHAPMAN AND THE UNIVERSITY OF ALASKA ANCHORAGE FOR STUDENTS, FACULTY, VISITING SCHOLARS, AND OTHER INTERESTED PARTIES * CONFERENCES AND EVENTS WHICH PROMO TE THE TIMELY UNDERSTANDING OF THE APPLICATION OF EXPERIMENTAL ECONOMICS TO REAL WORLD PRO BLEMS IFREE'S EDUCATIONAL PHILOSOPHY "TELL ME AND I FORGET TEACH ME AND I REMEMBER INVOLVE ME AND I LEARN" (BEN FRANKLIN)