

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990**

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

OMB No 1545 0047 2009

Open to Public Inspection

	Depa Inter	irtment of nal Revenu	the Treasury ue Service		► The organiz	ation may have to us	e a copy of this return	to satisfy sta	ate report	ing requirem	ents	Ор	en to Public Inspect	tion
		For the	2009 calen	dar year,	or tax year be	ginning		, 2009, an	d endin	ng .			1	
	В	Check if a	pplicable	Ĺ	C Name of org	anization					D Employ	yer Iden	tification Number	
		Addre	ess change	Please use IRS label	ATLAS EC	ONOMIC RES	EARCH FOUND	ATION			94-	2763	8845	
		Name	change	or print or type.	Number and	street (or P O box if	mail is not delivered to	street addr)	Room/s	uite	E Telephi	one num	nber	
		H	l return	See specific	1201 L S	TREET, NW,	2ND FLOOR				(20	2) 4	149-8449	
			ination	Instruc- tions.	City, town or			State ZIF	code + 4	1	<u> </u>			
		<del> </del>	nded return		WASHINGT	OM		DC 2	0005-	-4019	G Gross	eceints	\$ 5,663,170.	
		=		F Name a					0005		a group retu			No
		Application pending F Name and address of principal officer  ALEJANDRO CHAFUEN 1201 L STREET, NW, 2ND WASHINGTON DC 20005 Htb) Are all affiliates a list										—   · · · ·   —   —   —   —   —   —	No	
59.											attach a list			,
3; 1	<u> </u>		xempt statu			) (insert no )	4947(a)(1)	) or   ] :	527				_	
12	Website: ► AtlasNetwork.org   H(c) Group exemption number ►  K Form of organization   X Corporation   Trust   Association   Other ►   L Year of Formation 1981   M State of legal domicile   DC													
SCOTONIA CONTRACTOR OF THE PARTY OF THE PART	K				ation Trust	Association	Other >	L Year	of Forma	lion 1981	L M	State of	legal domicile DC	
	Pa	rt F	Summ											
y		_0	N SOUND	ECONOMI	CS AND RES	SPECTFUL OF	INDIVIDUAL L	IBERTY,	ATLA	S DISCO			BLIC POLICIES BAS NS, AND SUPPORT	
2 5	Governance	_"	INTELLE	<b>-</b>	- <b>-</b> -									
5	err							<del>-</del>						
۵	Š		heck this bo				ed its operations o	r disposed	d of moi	re than 25	% of its a		110	
- -						verning body (P		l line 1h\				4	12	
	Activities &				yees (Part V,	_	rning body (Part V	i, ime io)				5	28	
<b>3</b>	vit			•	yees (Fart v. eers (estimate	•						6	0	
9	Act						II, Icolumn (C), ine	12				7a	ļ -	0.
			•			ne from Form 99		, 12				7 b		<u>.</u>
		- 514	ct uniciated	Dusiness	taxable incom	ne month onto	70 1, III C 5-					<u> </u>	†	-
		8 Contributions and grants (Part VIII, line 1h) 6,497 9 Program service revenue (Part VIII, line 2g) 91											<b>Current Year</b> 5, 435, 17	72
	9												203,80	
	Revenue		-		•	•	and 7d)			<b> </b>	91,		10,69	
	Be l		Investment income (Part VIII, column (A), lines 3, 4, and 7d) 88,187. 10,699  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											
									2)	<u> </u>	5,676,4	102	5,649,67	7.0
							Part VIII, column	(A), line i	د)				2,733,02	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)										), <del>4</del> / 3 , ,	0.	2,733,02	<u></u>
Ž.			•		•	·	ļ	0.65		1 610 00				
	9	!					art IX, column (A).	1 ines 5-10	0)	<del></del>	965,	703.	1,618,82	29.
igoreap	n3	16a Professional fundraising fees (Partitx, column 4) in the state of												
3 0 200	ĝ	b Total fundraising expenses (Part IX, column 4) the 25 574, 451.												
AUG	ũ				1						794,		3,369,99	97.
H H		1 1 2 4 0010 101								5,239,0		7,721,84		
		19 R	ovenue lees	co Auu III	Cubtract lin	e from line 1:	2			<u> </u>	437,		<del>1</del>	
Ш		וא כו	evenue less	expense	S Subtract III								-2,072,16	
NED	te or inces					_ 	EN, UT	1			nning of \		End of Year	
SCAN	Net Asset Fund Bala		otal assets			UGD				<del>6</del>	5,482,0		4,520,36	
Z.	A Pu	<b>21</b> To	otal habilitie	es (Part X,	, line 26)	L					872,4		982,03	4.
တ						t line 21 from li	ne 20				5,609,	596.	3,538,33	30.
	Pa	rt-II.	Signat	ure Blo	ck									
		ļ	Under penaltic	es of perjury.	I declare that I ha	ve examined this retu	irn, including accompan	ying schedule	es and sta	atements, and	to the best	of my k	nowledge and belief, it is	
			true, correct,	?	$\cap$	eparer (biller man or	ncer) is based on all ini-	ormation of w	mich prep	arer nas any	Knowledge	/		
	Sig	jn	<b>&gt;</b> ///	radhy	U 640	_					8/9	/10	)	
	He	re	Signature	of officer						Da	ate (			
			► BRADI	LEY A	LIPS					CHIE	EXEC	UTIV	E OFFICER	
				rint name an									· · · · · · · · · · · · · · · · · · ·	
								Date		c	heck if	F	Preparer's identifying number see instructions)	er
	Pai	id		ہو.		_		_		se	elf mployed	. 🗆 '	see instructions)	
	Pre		Preparer's signature	> No	un C	Buche	och, eph	8	- 9-1	'O   "	pioyeu	<u> </u>		
	pai	rer's					<b></b>	<u> </u>					····	
	Ųs		Firm's name ( yours if self		dershot, Burkhardt & Reed, CPAs									
	address, and				5 Presidential Lane EIN >						100	21 261 1500		
			ZIP + 4		assas		VA	20109		] P	hone no	(70		
	May	the IRS	o aiscuss th	ns return v	with the prepa	rer snown above	e? (see instruction	S)					X Yes N	lo 💮

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

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Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 X Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 for public office? If 'Yes,' complete Schedule C, Part I 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 11 Х X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part Vi • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII • Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х 13 Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 14a Х 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, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14h Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Х

Х

20

complete Schedule G, Part III

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Form 990 (2009) ATLAS ECONOMIC RESEARCH FOUNDATION

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22	Х	
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	Х	
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		X
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part 1'.	25a		х
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		_x_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule $R$ , Part $V$ , line $2$	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
3 V V		Form	aan /	'onna'

Form **990** (2009)

· uit	Tatements regarding other into 1 miles and Tax compilance	<del></del>			<del></del>
				Yes	No
	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 82			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	s and reportable gaming	1 c	х	
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>2a</b> 28			
	If at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu	ırn (see ınstructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the yea this return?	r covered by	3a		х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fi	or other authority over, a nancial account)?	<b>4</b> a		Х
b	If 'Yes,' enter the name of the foreign country				İ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Financial Accounts	Foreign Bank and			İ
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	· *	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5b		Х
C	lf 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt En Tax Shelter Transaction?	tity Regarding Prohibited	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	nd did the organization	6a		Х
	If 'Yes,' did the organization include with every solicitation an express statement that such co	ontributions or gifts were not	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	artly for goods and services			
	provided to the payor?	, ,	7a		X
	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 wi Form 8282?	, ,	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			ļ —
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiur benefit contract?	ns on a personal	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7 f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as r	T	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Fori	n 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, h	ng organizations.Did the ave excess business			
	holdings at any time during the year?	ŀ	8	$-\!\!\!-\!\!\!\!+$	Х
	Sponsoring organizations maintaining donor advised funds.	ŀ			37
	Did the organization make any taxable distributions under section 4966?	}	9a		X
	Did the organization make any distribution to a donor, donor advisor, or related person?	}	9 b		X
	Section 501(c)(7) organizations. Enter:	أامدا			
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			ļ
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter	_ <u>  10 D </u>			
	Gross income from other members or shareholders	11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	126			

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Form **990** (2009)

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

Sec	tion A.	Governing Body and Management						
							Yes	No
1 a	Enter the	number of voting members of the governing body		12				
ı	Enter the	number of voting members that are independent	1 b	12		_		
2	Did any of officer, d	officer, director, trustee, or key employee have a family relationship or a business relative trustee or key employee?	ations	hip with	any other	2		X
3	Did the o	rganization delegate control over management duties customarily performed by or un s, directors or trustees, or key employees to a management company or other person	der th	he direct	supervision	3		x
4		rganization make any significant changes to its organizational documents	•			4	Х	
•		prior Form 990 was filed?				•		
5		rganization become aware during the year of a material diversion of the organization's	's ass	ets?		5	į	Х
6		organization have members or stockholders?		- 10		6		X
7 8		organization have members, stockholders, or other persons who may elect one or mo	ore m	nembers	of the	7a		х
ł	•	decisions of the governing body subject to approval by members, stockholders, or other	er pe	rsons?		7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions undert ving:	taken	during t	he year by			
i	The gove	rning body?				8a	Х	
	_	nmittee with authority to act on behalf of the governing body? .				8b	Х	
9	Is there a	any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be	e reache	d at the	9		х
Sec	tion B.		reau	ired by	the Interna		,	
	enue Code	,	,	,				
							Yes	No
10:	Does the	organization have local chapters, branches, or affiliates?				10a		X
ı	If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	such	chapter	s, affiliates,	10ь		
11	Has the o	organization provided a copy of this Form 990 to all members of its governing body be	efore	filing the	e form?	11	Х	
11.	A Describe	in Schedule O the process, if any, used by the organization to review this Form 990						
12:	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13				12a	X	
1	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests the ts?	nat co	ould give	rise	12b	Х	
•	Does the	organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy? If	'Yes,' d	escribe in	12c	х	
13	Does the	organization have a written whistleblower policy?				13	Х	
14	Does the	organization have a written document retention and destruction policy?				14	Х	
15	Did the p	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decisions.	pprov sion?	al by inc	dependent			
		nization's CEO, Executive Director, or top management official				15a	X	
ı	Other off	icers of key employees of the organization				15b	Х	
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions.)						
16		rganization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	arrang	gement v	with a taxable	16a		x
ı	olf 'Yes' h	nas the organization adopted a written policy or procedure requiring the organization tenture arrangements under applicable federal tax law, and taken steps to safeguard t	o eva	aluate its	participation			
	status wi	th respect to such arrangements?		garnzan	on a exempt	16b		
Sec	tion C.	Disclosures						
17	List the s	tates with which a copy of this Form 990 is required to be filed  See States Form 990 is required to be filed	9 <u>9</u> 0_F	iled In_	. <del>-</del>	<b>-</b>		<del>-</del>
18		oil 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and in Indicate how you make these available. Check all that apply	d 990	)-T (501(	(c)(3)s only) av	aılable	for pu	blic
		website		<i>.</i> .			_	
19	statemen	In Schedule O whether (and if so, how) the organization makes its governing docume ts available to the public			•	-		cial
20		name, physical address, and telephone number of the person who possesses the bound in the person was properly at the person was properly at the person was properly at the person was properly at the person was properly at the person who possesses the boundary at the person was properly at the person who possesses the boundary at the person was properly at the person was properly at the person who possesses the boundary at the person was properly at the person		nd recoi 20005-4	•	nization 202) 4		3449
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Form 990 (2009)

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no	t compens	ate ar	ту с	urre	nt o	fficer,	dire	ctor, or trustee			
(A)	(B)		(D)	(E)	(F)						
Name and Title	Average hours					that app	_	Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	or director adividi el frust <del>ac</del>	mshiuhoaal teustee	Offi-ei	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations	
ALEJANDRO CHAFUEN											
PRESIDENT, DIRECTOR	40.00	Х		х	х			166,458.	0.	0.	
BRADLEY LIPS											
CEO/SECRETARY	40.00			Х	Х	Х		181,250.	0.	0.	
LEONARD LIGGIO											
EVP/ACADEMICS	40.00		<u> </u>	Х	Х			72,500.	0.	0.	
TOM PALMER						l					
VP/INTL PROGRAMS	40.00		_	Х	X			137,300.	0.	0.	
DAN GROSSMAN											
CHAIRMAN OF THE BOARD	8.00	Х	<u> </u>	Х	<u> </u>			0.	0.	0.	
ABBY MOFFAT						!			:		
TREASURER	6.00	Х	ļ	Х				0.	0.	0.	
CHARLES ALBERS					ļ						
DIRECTOR	1.00	X	<u> </u>					0.	0.	0.	
JOHN BLUNDELL								_	_	_	
DIRECTOR	4.00	X	<u> </u>	ļ	├_		<u> </u>	0.	0.	0.	
TIMOTHY O. BROWNE					ĺ	[			. [		
DIRECTOR	2.00	<u> X</u>	<u> </u>					0.	0.	0.	
GEORGE PEARSON									,	•	
DIRECTOR	4.00	_X	├—		<u> </u>		<u> </u>	0.	0.	0.	
ANDREA RICH					1					0	
DIRECTOR	4.00	X	<u> </u>		_			0.	0.	0.	
RENEE SCULL		37								0	
DIRECTOR	2.00	X	-		-			0.	0.	0.	
WILLIAM SUMNER	4.00	v						0.	0.	0	
DIRECTOR	4.00	<u>X</u>			<del> </del>			0.	0.	0.	
LINDA WHETSTONE	4.00	v						0.	0.	0	
DIRECTOR HON. CURTIN WINSOR	+.00	Α			-	-	$\vdash$	<del>-</del>		0.	
DIRECTOR	4.00	x			ļ			0.	0.	0.	
DINDCTOR	3.00	- 11			$\vdash$			· · · · · · · · · · · · · · · · · · ·		<u> </u>	

TEEA0107

11/10/09

(A)	(B)	D		-	c)	hat a	ادرامم	(D)	(E)		(F)		
Name and Title	Average hours per week			Officer	,	Highest compensated employee	_	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	arm cc	Estimation of the count of the count of the country	other ation ne tion ated	
	-												
	-												
	-												
	_												
	<u>.</u>												
	-												
	-											<u> </u>	
1 b Total							<b>•</b>	557,508.	0	<u>. </u>		C	
2 Total number of individuals (including but not limited from the organization ► 3	d to thos	e lis	ted	abo	ve) v	who	rece	eived more than \$	100,000 in reporta	ble com	pensa	ation	
3 Did the organization list any former officer, director	or trusta	با م	2V 0	mni	OV A	a 01	, hia	hest compensated	l employee		Yes	s No	
on line 1a <sup>7</sup> If 'Yes,' complète Schedule J for such in  4 For any individual listed on line 1a, is the sum of re	n <i>dividual</i> portable	com	nen	satu	on a	nd (	othe	r compensation fro	om	3	-	Х	
the organization and related organizations greater to individual						·				4	X	-	
5 Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sch	ompensa nedule J	ation for s	froi uch	m ar <i>per</i> :	ny u s <i>on</i>	nrel	ated	l organization for s	ervices	5		Х	
Section B. Independent Contractors  1 Complete this table for your five highest compensat	ed inden	ende	nt o	cont	racti	ore i	hat	received more tha	n \$100 000 of				
compensation from the organization		- Indicate					inat	<u> </u>					
(A) Name and business addres	ss						_	Description of	of Services	Comp	(C) ensat	ion	
				_									
								L					

Page 9

Pai	rt viii   Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u></u>	1a Federated campaigns 1a				· · · · · · · · · · · · · · · · · · ·
E S		<del></del>			
Z S	b Membership dues 1b	_			
S,S	c Fundraising events 1c				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	d Related organizations 1 d				
S, =	e Government grants (contributions) 1 e			: 	
8 2					
5里	f All other contributions, gifts, grants, and similar amounts not included above 1f 5, 435, 172	,			
문이		<del></del>			
28	g Noncash contribus included in lns 1a-1f. \$ 257, 147				
	h Total. Add lines 1a-1f	5,435,172.			
اڐ۪	Business Code				
19	2a PROGRAM FEES 900099	203,808.	203,808.	0.	0.
PROGRAM SERVICE REVENUE	b				
5	c				
E	d				
S					
Ϋ́Α	f All other program service revenue				
စ္က	. •	203 808			
	g Total. Add lines 2a-2f	203,808.			<u> </u>
	3 Investment income (including dividends, interest and	24 100	24 100	0	۱ ,
	other similar amounts)	24,190.	24,190.	0.	0.
	4 Income from investment of tax-exempt bond proceeds	<b>•</b>			
	5 Royalties	<b>&gt;</b>			
	(i) Real (ii) Personal				
	6a Gross Rents				
	<b>b</b> Less rental expenses		,		
	c Rental income or (loss)	_			
	d Net rental income or (loss)	<b>&gt;</b>			
	d Net rental income or (loss)  (i) Securities (ii) Other				
	/a Gross amount from sales of				
	assets other than inventory	<u>) .  </u>			
	<b>b</b> Less, cost or other basis				
	and sales expenses 13,491	<u>L .                                    </u>			
	<b>c</b> Gain or (loss) -13,491	L.			
	d Net gain or (loss)	-13,491.	-13,491.	0.	0.
	8a Gross income from fundraising events				
H	(not including \$				
ĘN	of contributions reported on line 1c)				
RE					
꼽		_			
OTHER REVEN	b Less direct expenses b	<b>•</b>			
_	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19	·			
	See Part IV, line 19 a				
	<b>b</b> Less: direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities	<u> </u>			
	10a Crace cales of inventory loss returns				
	10a Gross sales of inventory, less returns and allowances a	a B			
	b Less: cost of goods sold b				
	-	<b>&gt;</b>		<del>Y====================================</del>	
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code		-		
	11a				
	b			<u> </u>	
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	>			
		<b>►</b> 5 649.679.	214.507	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do .	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		460,603.	460,603.	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	188,073.	188,073.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,084,345.	2,084,345.		
4 5	Benefits paid to or for members 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	1,371,929.	898,529.	165,844.	307,556.
8					
9	Other employee benefits	152,683.	89,997.	38,261.	24,425.
10	Payroll taxes	94,217.	62,710.	11,073.	20,434.
11	Fees for services (non-employees)				
	a Management				
ı	<b>b</b> Legal	34,677.	10,297.	23,423.	957.
	Accounting	23,455.	6,964.	15,843.	648.
	d Lobbying				
•	Prof fundraising svcs. See Part IV, In 17				
1	Investment management fees				
(	<b>g</b> Other	866,624.	845,982.	10,698.	9,944.
12	Advertising and promotion				
13	Office expenses				
14	Information technology	8,079.	6,967.	38.	1,074.
15	Royalties				
16	Occupancy	493,803.	411,805.	46,137.	35,861.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,345,407.	1,329,867.	2,982.	12,558.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,088.	38,680.	2,128.	3,280.
	Insurance				
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
ä	PRINTING & REPRODUDCTION	193,485.	131,185.	758.	61,542.
ł	DUES & SUBSCRIPTIONS	116,890.	93,671.	2,729.	20,490.
(	POSTAGE & SHIPPING	50,544.	22,869.	1,317.	26,358.
(	SUPPLIES	47,393.	42,401.	1,492.	3,500.
•	TELEPHONE	45,091.	34,437.	6,928.	3,726.
1	All other expenses	100,461.	15,379.	42,984.	42,098.
_25	Total functional expenses Add lines 1 through 24f	7,721,847.	6,774,761.	372,635.	574,451.
26	Joint costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Page 11

Part X **Balance Sheet** (A) Beginning of year **(B)** End of year 1 121. 407. Cash - non-interest-bearing 2 1,811,127. 3,104,693. Savings and temporary cash investments 3 Pledges and grants receivable, net 2,284,073. 3 1,148,040. Accounts receivable, net 4 4 56,493. 67,978. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 19,058 9 44,152. 9 Prepaid expenses and deferred charges 210,292 10a 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 86,008 10 c b Less: accumulated depreciation. 10b 136,909 124,284. 2,136,146 11 1,565. 11 Investments - publicly-traded securities Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 37,834 15 29,531. 15 Other assets. See Part IV, line 11 6,482,047 16 4,520,364. 16 Total assets Add lines 1 through 15 (must equal line 34) 85,050 17 94,791. 17 Accounts payable and accrued expenses 720,000 18 862,318. 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities ABILITIES 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24,925. 67,401 25 Other liabilities Complete Part X of Schedule D Total liabilities, Add lines 17 through 25 872,451 26 982,034. Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34. ASSETS 2,081,637 27 1,091,008. 27 Unrestricted net assets 3,527,959 28 2,447,322. Temporarily restricted net assets 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here and complete FUZD lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund. BALANC 32 32 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. 5,609,596 33 3,538,330.

> 4,520,364. Form 990 (2009)

6,482,047

34

Total liabilities and net assets/fund balances

Part XI   Financial Statements and Reporting			
		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		Х
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit, 2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue consolidated basis, separate basis, or both.	ed on a		
Separate basis X Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	Single 3a		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit 3b		

BAA

Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Employer identification number

OMB No 1545 0047 **2009** 

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

ATL	TLAS ECONOMIC RESEARCH FOUNDATION 94-2763845																		
Parl	<u>: [ _</u>	Rea	ason	for Pu	blic	Charity	Statu	ıs (All	orgar	nizations	must	comp	ete this	s part.	) See i	nstruct	ions		
The o	rgar	nızatı	on is r	not a priv	vate fo	oundation	n becau	se it is	(For lu	nes 1 thro	ugh 11,	check o	nly one b	ox)					
1		A ch	urch, d	conventi	on of	churches	or asso	ociation	of chu	rches desc	cribed in	section	1 <b>70(b)</b> (1	I)(A)(i).					
2		A sc	hool d	escribed	l ın se	ction 170	)(b)(1)(A	<b>4)(ii).</b> (	Attach :	Schedule I	E.)								
3		A ho	spital	or coope	erative	e hospital	service	e organ	ıızatıon	described	ın sectio	on 170(l	)(1)(A)(i	ii).					
4		A me	edical	research	n orga	nization (	operate	d ın co	njunctio	n with a h	ospital d	describe	d in sect	ion 170	(b)(1)(A)	(iii) Ente	er the hosp	ıtal's	
	_			, and sta															
5		170(	b)(1)(A	<b>()(iv).</b> ((	Compl	ete Part	II.)		-	Ī			_	_	mental i	unit desc	ribed in se	ction	
6 7	X	An o	rganiz	ation tha	at nor	mally rec	eives a	substa		unit descri art of its su					or from	the gene	ral public o	describ	ed
8	$\Box$					r <b>i).</b> (Com			IVAVoit	. (Comple	to Part I	1.1							
9	H			-									m contrib	outions	mamba	rchin foo	s, and gros	ee rocc	unte
3	_	from	activi stment	ties relat	ted to and o	ıts exem	pt funct busine	tions – ss taxa	subject bie ince	t to certair ome (less	ı excepti	ons, an	d (2) no i	more th	an 33-1/	3 % of it	s support f e organizat	from a	ross
10		An o	rganız	ation or	ganıze	ed and op	perated	exclus	vely to	test for pu	ıblıc safe	ety See	section	509(a)(4	l).				
11	Ш	more	ıldua s	cly supp	orted	organiza	ations d	escribe	ed in se	the benefation 509( plete lines	a)(1) or	section	509(a)(2	tions of ) See <b>s</b>	, or carr ection 5	y out the <b>09(a)(3).</b> 	purposes Check the	of one box t	or hat
	a Type I b Type II c Type III – Functionally integrated d Type III – Other																		
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).																		
f		If the	, , ,		receiv	ed a writ	ten dete	ermına	tion froi	m the IRS	that is a	Type I	Type II	or Type	III supp	orting or	ganızatıon,		
g		Sinc	e Augi	ust 17, 2	2006, 1	has the o	rganıza	tion ac	cepted	any gift o	r contrib	ution fro	om any o	f the fo	llowing p	ersons?			
																		Yes	No
		(i)	a per belov	son who	dıred overnii	ctly or ind ng body o	lirectly of of the su	control: upporte	s, eithei ed orgar	r alone or nization?	together	with pe	rsons de	scribed	ın (ıı) aı	nd (III)	11 g (i)		
		(ii)	a fan	nily men	nber (	of a perso	on desc	ribed ii	n (ı) abo	ove?							11 g (ii)		
		(iii)	a 359	% contro	lled e	ntity of a	person	descri	bed in (	(ı) or (ıı) a	bove?						11 g (iii)		<u> </u>
<u>h</u>		Prov	ide the	e followii	ng infe	ormation	about t	he sup	ported o	organizatio	ons		·						
	Œ		of Supp ganization			(iı) EIN		(de	scribed or	rganization n lines 1 9 IC section ictions))	organiza (i) lista gov	Is the ation in co ed in your verning ument?	the organ	you notify nization in (i) of upport?	organizat	Is the son in col zed in the S ?	(vii) Amou	nt of Sup	port
											Yes	No	Yes	No	Yes	No			
													1						
					ļ			ļ				ļ			<u> </u>	L			
														ļ					
								ļ.— <i>-</i>			+	+	-		<del> </del>		-		
					<u> </u>				_			<u>                                      </u>		<u> </u>					
					1							1							
					$\vdash$						<del> </del>	+	<del> </del>				<del></del>		
Total																			

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

Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)	<del></del>						
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	3,979,007.	4,882,779.	4,358,530.	6,497,129.	5,178,025.	24,895,470.				
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.	0.				
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0.	0.	0.	0.	0.	0.				
4	Total. Add lines 1-through 3	3,979,007.	4,882,779.	4,358,530.	6,497,129.	5,178,025.	24,895,470.				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,923,454.				
6	Public support. Subtract line 5 from line 4	:					17,972,016.				
Sec	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
7	Amounts from line 4	3,979,007.	4,882,779.	4,358,530.	6,497,129.	5,178,025.	24,895,470.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	28,401.	66,804.	64,258.	92,680.	24,190.	276,333.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
11	Total support. Add lines 7 through 10		· · · · · · · · · · · · · · · · · · ·	! !			25,171,803.				
12	Gross receipts from related activi	ities, etc (see ins	tructions)			12					
13	organization, check this box and	stop here		d, third, fourth, or	fifth tax year as	a section 501(c)(i	3) ▶ □				
Sec	tion C. Computation of Pul										
14 15	Public support percentage for 200 Public support percentage from 2	•	•	e 11, column (f)		14 15	71.40%				
16 a	33-1/3 support test – 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or more, ch	eck this box				
t	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization										
17 a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts	neets the 'facts-ai	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part I	V how				
	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-ar I-circumstances'	nd-circumstances test The organiza	test, check this bation qualifies as	ox and stop here. a publicly support	Explain in Part I ed organization	V how the ►				
_18	Private foundation. If the organiz	ation did not chec	n a pox on line, i	is, ioa, iob, i/a,	or 170, check this	S DOX AND See INS	tructions -				

Schedule A (Form 990 or 990-EZ) 200	9 ATLAS EC	CONOMIC RESI	EARCH FOUNDA	ATION	94-2763845	Page <b>3</b>
Part III Support Schedule for	-		in Section 509	(a)(2)		
(Complete only if you che	cked the box on li	ne 9 of Part I)				
Section A. Public Support		T	<del></del>	T	<del></del>	<del></del>
Calendar year (or fiscal yr beginning in)  1. Gifts, grants, contributions and	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
membership fees received (Do not include 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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	ļ	<u></u>				
organization's benefit and either paid to or expended on its behalf						···
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<ul> <li>6 Total. Add lines 1 through 5</li> <li>7a Amounts included on lines 1, 2, 3 received from disqualified persons</li> </ul>						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line						
7c from line 6)	<u> </u>	<u> </u>				
Section B. Total Support	T	1		1		
Calendar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<ul> <li>Total support. (add ins 9, 10c, 11, and 12)</li> <li>First five years. If the Form 990 organization, check this box and</li> </ul>	is for the organizatop here	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	<b>▶</b> □
Section C. Computation of Pu					<del></del>	
15 Public support percentage for 20	•		e 13, column (f))		15	%_
16 Public support percentage from				<del> </del>	16	%_
Section D. Computation of Inv						
17 Investment income percentage f			_	nn (f))	17	%
18 Investment income percentage f				1 line 15 is mare 4	18   hon 33 1/3% and ho	<u>%</u>
19a 33-1/3 support tests - 2009. If the more than 33-1/3%, check this be	ne organization di lox and <mark>stop here</mark>	id not check the bo . The organization	qualifies as a pub	anne to is more to blicly supported or	nan 33-1/3%, and lin ganization	e 17 is not ►

**b 33-1/3 support tests** — **2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A	(Form 990 or	990-EZ) 2009	ATLAS	ECONOMIC	C RESE	ARCH	FOUNDATIO	N 94-2763845	Page 4
Part IV	Supplemer Part II, line	<b>ital Informa</b> 17a or 17b	<b>tion.</b> Con ; and Pai	nplete this t III, line 1	part to 2. Prov	providi ide any	e the explan y other addit	N 94-2763845 rations required by Part I tional information. See in	I, line 10; istructions
	- <b></b>	<del>-</del>		<b>-</b>			·		
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## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

	AS ECONOMIC RESEARCH FOUNDATI		94-2763845
Par	Organizations Maintaining Donoi the organization answered 'Yes' t	r Advised Funds or Other Similar Fun o Form 990, Part IV, line 6.	ids or Accounts Complete if
1	Total number at end of year Aggregate contributions to (during year)	(a) Donor advised funds	(b) Funds and other accounts
3	Aggregate contributions to (during year)  Aggregate grants from (during year)  Aggregate value at end of year		
5	funds are the organization's property, subject t	3	∐ Yes ☐ No
6 	purpose conferring impermissible private bene	he benefit of the donor or donor advisor or for a fit??	yes No
Par	t II   Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
2		ecreation or pleasure)	of an historically important land area of certified historic structure he form of a conservation easement on the
a	last day of the tax year  Total number of conservation easements	<u> </u>	Held at the End of the Year
t	Total acreage restricted by conservation easen	nents	2Ь
	: Number of conservation easements on a certifi	ed historic structure included in (a)	2c
c	Number of conservation easements included in	(c) acquired after 8/17/06	2d
	Number of conservation easements modified, t	• • •	ed by the organization during the tax
	year ►		, ,
4	Number of states where property subject to con		_
5 6	Does the organization have a written policy regard enforcement of the conservation easement Staff and volunteer hours devoted to monitorin	t it holds?	∐ Yes ∐ No
•	during the year ►		<del></del>
7	Amount of expenses incurred in monitoring, induring the year ▶	specting, and enforcing conservation easement	\$ 
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	Yes No
	conservation easements	o the organization's financial statements that de	escribes the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemen	c exhibition, education, or research in furtheran	
t	amounts relating to these items:	c exhibition, education, or research in furtheran	ce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>*</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets fo 16 relating to these items:	r financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	1	<b>*</b> \$
b	Assets included in Form 990, Part X		►\$ ►\$

Sahadula <b>B</b> (Farma 000) 2000 - 2001 20	. ECONOMI	C PECE	ADOLL FOLL	NIL NA	TON.		04 276	2015		0 1
Schedule D (Form 990) 2009 ATLAS  Part III   Organizations Mainta						r Other S	94-276 Similar Ass		ontini	Page <b>2</b> <i>ied</i> )
Using the organization's acquisition items (check all that apply).										
a Public exhibition			<b>d</b> 🔲 Loan	or exc	hange programs					
<b>b</b> Scholarly research			e Other							
c Preservation for future genera	ations									
4 Provide a description of the organ Part XIV.	nization's coll	ections an	nd explain how	they	further the organi	zation's exe	empt purpose	ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or ather than to	receive do be mainta	nations of art ined as part o	t, histo	rical treasures, or organization's coll	other simi	lar	Yes	1	No
Part IV Escrow and Custodia 9, or reported an amo	<b>I Arrangen</b> unt on For	n <mark>ents</mark> Co m 990, l	omplete if o Part X, line	organ 21.	ization answe	red 'Yes'	to Form 9	90, Pa	rt IV,	line
1a is the organization an agent, trusincluded on Form 990, Part X?	tee, custodiar	n, or other	ıntermediary	for co	ntributions or othe	er assets n	ot	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	nd comple	ete the following	ng tabl	e:					
								Amount		
c Beginning balance						1c				
<b>d</b> Additions during the year						1 d				
e Distributions during the year						1 e				
f Ending balance						1f				
2a Did the organization include an ai	mount on For	m 990. Pa	art X. line 21?			L		Yes	Г	No
<b>b</b> If 'Yes,' explain the arrangement								٠	_	
Part V Endowment Funds Cor		rganizat	ion answer	red 'Y	'es' to Form 9	90. Part	IV. line 10.			
	(a) Current		(b) Prior yea	$\overline{}$	(c) Two years bac		hree years back	(e) F	our year	s hack
1 a Beginning of year balance	(_/	.,,	(2) / ////		(0) 1112 30210 202			1 3/	our jour	1
<b>b</b> Contributions								<del> </del> -		
						<del></del>		+		
c Net Investment earnings, gains, and losses	<del></del>						<del> </del>			
d Grants or scholarships					·			_		
Other expenditures for facilities and programs										
f Administrative expenses										
<b>g</b> End of year balance								<u> </u>		
<ol><li>Provide the estimated percentage</li></ol>	of the year e	end baland	ce held as:							
a Board designated or quasi-endow	ment 🟲		%							
<b>b</b> Permanent endowment	8									
c Term endowment	<u> </u>									
3a Are there endowment funds not in organization by	the possess	ion of the	organization	that ar	e held and admin	istered for	the	Г	Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
<b>b</b> If 'Yes' to 3a(ıı), are the related or	rganizations I	listed as re	equired on Sci	hedule	R?			3b	-	
4 Describe in Part XIV the intended	_									1
Part VI Investments-Land, B		<del></del>				line 10				
Description of investment		(a) Cost	or other basis estment)	(b)	Cost or other casis (other)	(c) Acc	umulated eciation	<b>(d)</b> B	look Va	alue
1a Land		,		ĺ	3					
<b>b</b> Buildings				l						
c Leasehold improvements		· · · · · · ·								

**d** Equipment 210,292. 86,008. 124,284.

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

124,284. Schedule **D** (Form 990) 2009

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

24,925.

		(Form 990) 2009 ATLAS ECONOMIC RESEARCH FOUNDATION		-2/63	8845 Page
	t XI	Reconciliation of Change in Net Assets from Form 990 to	Financial Statements		5 610 650
		revenue (Form 990, Part VIII,column (A), line 12)		⊢	5,649,679
		expenses (Form 990, Part IX, column (A), line 25)			7,721,847
		ss or (deficit) for the year. Subtract line 2 from line 1 nrealized gains (losses) on investments		F	-2,072,168
		ted services and use of facilities		-	902
5				⊢	
		tment expenses .	•	⊦	
		period adjustments	•	<b>-</b>	
8 9		(Describe in Part XIV) adjustments (net) Add lines 4 through 8		⊢	002
		ss or (deficit) for the year per audited financial statements. Combine lines 3	and Q		902. -2,071,266.
	_	Reconciliation of Revenue per Audited Financial Statemer		eturn	-2,071,200.
		revenue, gains, and other support per audited financial statements	viii. Novoliao poi ik	1	5,650,581.
		ints included on line 1 but not on Form 990, Part VIII, line 12			3,030,301.
		nrealized gains on investments	<b>2a</b>   902.		
		ted services and use of facilities	2b	1	
-		veries of prior year grants	2c	1	
		(Describe in Part XIV)	2d	1 1	
		ines 2a through 2d		2e	902.
		act line 2e from line 1		3	5,649,679.
		ints included on Form 990, Part VIII, line 12, but not on line1	1		<u> </u>
		tments expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIV)	4b	1	
		ines 4a and 4b		4c	
5	Total	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	5,649,679.
		Reconciliation of Expenses per Audited Financial Statement	ents With Expenses per	Retur	
		expenses and losses per audited financial statements		1	7,721,847.
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25			
a	Dona	ted services and use of facilities	2a		
t	Prior	year adjustments	2b		
c	Other	losses	2c		
c	l Other	(Describe in Part XIV)	2d		
e	Add I	ines 2a through 2d		2e	
3	Subtr	act line <b>2e</b> from line <b>1</b>		3	7,721 <u>,</u> 847.
4	Amou	ints included on Form 990, Part IX, line 25, but not on line 1:			
а	Inves	tments expenses not included on Form 990, Part VIII, line 7b	4a		
Ŀ	Other	(Describe in Part XIV)	4b		
c	: Add I	ines 4a and 4b		4c	
		expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	7,721,847.
Par	t XIV	Supplemental Information			
line 4	plete ti 4; Part mation	his part to provide the descriptions required for Part II, lines 3, 5, and 9; Par X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d a	rt III, lines 1a and 4; Part IV, I nd 4b Also complete this part	ines 1b to prov	and 2b; Part V, ıde any addıtıonal
- <del>-</del> -			·		
	- <b>-</b>				
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Schedule D	( OIII 330) 2003 ATEMS ECONOMIC RESERVENT FOUNDATION	74-2703043	raye .
Part XIV	Supplemental Information (continued)	<del></del>	
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## Schedule F (Form 990)

Totals

## Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions. OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ATLAS ECONOMIC RESEARCH FOUNDATION 94-2763845 General Information on Activities Outside the United States. Complete if the organization answered 'Yes' Part I to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the X Yes grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States 3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed ) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (f) Total offices in the expenditures in employees or region (by type) (i e, (d) is a program fundraising, program services, grants to recipients agents in region service, describe region region specific type of located in the region) service(s) in region 0 O GRANTS TO RECIPIENTS ECONOMIC EDUCATION Sub-Saharan Africa 125,203. 0 East Asia and Pacific O GRANTS TO RECIPIENTS ECONOMIC EDUCATION 392,016. 0 OGRANTS TO RECIPIENTS ECONOMIC EDUCATION 39,344. North America 0 1,054,152. Europe O GRANTS TO RECIPIENTS ECONOMIC EDUCATION 0 South America O GRANTS TO RECIPIENTS ECONOMIC EDUCATION 427,498. 0 Middle East OGRANTS TO RECIPIENTS ECONOMIC EDUCATION 54,980.

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

Schedule F (Form 990) (2009)

2,093,193.

Page 2

ATLAS ECONOMIC RESEARCH FOUNDATION

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2009
Part II | Grants and Oth

(i) Method of valuation (book, FMV, appraisal, other)												
(h) Description of non-cash assistance												
(g) Amount of non-cash assistance												
(f) Manner of cash disbursement	СНЕСК	СНЕСК	CHECK	CHECK	CHECK	CHECK						
(e) Amount of cash grant	153,775. CHECK	337,141. CHECK	969,667. CHECK	378,400.	42,800. CHECK	32,050.CHECK		-		-		
(d) Purpose of grant	ECONOMIC EDUCATI	ECONOMIC EDUCATI	ECONOMIC EDUCATI	ECONOMIC EDUCATI	ECONOMIC EDUCATI	ECONOMIC EDUCATI						
(c) Region	Sub-Saharan Africa ECONOMIC EDUCATI	East Asia and Pacifi ECONOMIC EDUCATI	Europe	Central America Economic EDUCATI	Middle East Economic EDUCATI	North America Economic Educari						
(b) IRS code section and EIN (if applicable)												
1 (a) Name of organization												

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

3 Enter total number of other organizations or entities . ₩

Schedule F (Form 990) 2009

Page 3

94-2763845

ATLAS ECONOMIC RESEARCH FOUNDATION

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2009

Part III | Grants and Otl

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ECONOMIC EDUCATION	Sub-Saharan Africa 6	9	14,228.	СНЕСК			
ECONOMIC EDUCATION	East Asia and Pacific 15	15	54,875.	СНЕСК			
ECONOMIC EDUCATION	Europe	26	84,485.	СНЕСК			
ECONOMIC EDUCATION	South America	38	49,098.	CHECK			
ECONOMIC EDUCATION	Middle East	9	12,180.	CHECK			
ECONOMIC EDUCATION	North America	3	7,294. CHECK	СНЕСК			
			_				
			_				
			-				
			-				
ВАА						Schedule F	Schedule F (Form 990) 2009

	ATLAS ECONOMIC RESEARCH FOUNDATION	94-2763845 Pa	age 4
Part IV Supplementa		-	
Complete this pa	rt to provide the information required in Part I, line 2, and any additional inform	ation.	<del></del>
Pt I Line 2	ATLAS RELIES ON THE GRANTS COMMITTEE OF ITS BOAR	RD_OF	- <b>-</b>
	DIRECTORS TO PROVIDE OVERSIGHT OF THE WORK OF A	rlas staff	- <del>-</del>
	IN ESTABLISHING THE ELIGIBILITY AND APPROPRIATED	NESS OF CANDIDATES	<b>-</b>
	FOR GRANTS WITHIN ATLAS PROGRAMS. ATLAS SUPPORT	rs (a) organizations	
<b></b>	THAT OPERATE AS NON-PROFIT RESEARCH INSTITUTES,	(B) "INTELLECTUAL _	
	_ENTREPRENEURS" EMBARKING ON THE CREATION OF SUCH	1 ORGANIZATIONS, AND	
	(C) SCHOLARS WORKING IN FIELDS OF INTELLECTUAL	INQUIRY RELEVANT	
	TO ATLAS PROGRAMS. GRANTEES RECEIVING \$5,000 OF	R MORE FROM ATLAS	
	MUST PROVIDE REPORTS REGARDING THE USE OF FUNDS,	, EXCEPT	- <b>-</b>
<b></b>	FOR THOSE INSTANCES IN WHICH ATLAS'S GRANTS REPR	RESENTS PRIZES	
	TO RECOGNIZE OUTSTANDING WORK (ALREADY COMPLETED	O OR ONGOING)	
	IN THE FIELDS OF ENDEAVOR CENTRAL TO THE ATLAS N	IISSION.	
			_ <b></b>
	·		

# SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

5002

Employer Identification number

X Yes 94-2763845 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ATLAS ECONOMIC RESEARCH FOUNDATION

Part | General Information on Grants and Assistance

% | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule 1-1 (Form 990) if additional space is needed PartII

Part IV and Schedule 1-1 (Form 990) if additional space is needed	(Form 990) if add	litional space is I	needed		copient received		. O. O.S.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR INDIV RIGH							
PHILA PA 19106	04-3467254	501(C)3	10,200.				ECONOMIC EDUCA
GEORGE MASON LAW & ECON C. 3301 FAIRFAX DR. MSG 1G3		6,000	600				CONCORTOR DELICA
	7						47000 TO TO TO TO TO TO TO TO TO TO TO TO TO
FAIRFAX VA 22030	94-2763845	501(C)3	30,751.				ECONOMIC EDUCA
GEORGE MASON UNIV FOUNDAT							
FAIRFAX VA 22030	54-1603842	501(C)3	50,000.				ECONOMIC EDUCA
HISPANIC AMERICAN CTR FOR							
910 17TH ST NW, STE 422	- - - - - - - - - -	501(0)3	. 00%				CHICA OTMONOCA
JOHN MACTVER INST FOR PILE	0001001-50		-				ECONOMIC EDOCA
PO BOX 510564							
53151	26-2639114	501(C)3	5,300.				ECONOMIC EDUCA
LIMITED GOVERNMENT FORUM							
205 E_CHEYENNE_MTN_BLVD			-				
COLORADO SPRINGS CO 80906	20-0386972	501(C)3	10,000.				ECONOMIC EDUCA
NORTH DAKOTA POLICY COUNC.							
BISMARCK MD 58502	20-8862761	501(C)3	10,000.				ECONOMIC EDUCA
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	ganizations					
3 Enter total number of other organizations	suors					•	
DAA For Drivery Art and Danamon' Dodintion Act Notice con the Inction	State Act Motice	the lacturation for Eq.	, Eorm 990	1000	0110110	Johan	Schodule ( /Earm 000) 2000

Schedule I (Form 990) 2009

TEEA3901 02/10/10

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Page 2

Schedule I (Form 990) 2009 ATLAS ECONOMIC RESEARCH FOUNDATION

Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PRIZES	1	50,000.	0.	N/A	N/A
RESEARCH FELLOWSHIPS	99	135,643.	0.	N/A	N/A
TRAVEL GRANTS	5	2,430.	.0	N/A	N/A
			_		
Part IV   Supplemental Information. Complete this part to		provide the information required in Part I, line 2,	ion required in Par		and any other additional information.
Pt_I_Line_2ATLAS RELIES ON THE GRANTS COMMITTEE	GRANTS COMMITTEE OF	OF ITS BOARD OF DIRECTO	ORS TO PROVIDE OVERS	IGHT OF THE WORK OF ATLA	BOARD OF DIRECTORS TO PROVIDE OVERSIGHT OF THE WORK OF ATLAS STAFF IN ESTABLISHING THE ELIGIBILITY
Pt_Line_2AND APPROPRIATENESS (	OF CANDIDATES FOR GR	ANTS WITHIN ATLAS PROG	RAMS ATLAS SUPPORTS	(A) ORGANIZATIONS THAT O	AND APPROPRIATENESS OF CANDIDATES FOR GRANTS WITHIN ATLAS PROGRAMS ATLAS SUPPORTS (A) ORGANIZATIONS THAT OPERATE AS NON-PROFIT RESEARCH INSTITUTES.
Pt_L_Line_2(B)_'INTELLECTUAL_ENTREPREURS''	ENTREPRENEURS" EM	BARKING ON THE CREAT	TION OF SUCH ORGANI	ZATIONS, AND (C) SCHOL	EMBARKING ON THE CREATION OF SUCH ORGANIZATIONS, AND (C) SCHOLARS WORKING ON FIELDS OF INTELLECTUAL
Pt I Line 2 INQUIRY RELEVANT	TO ATLAS PROGRAMS.	GRANTEES RECEIVIN	IG \$5,000 OR MORE FI	ROM ATLAS MUST PROVIDE	INQUIRY RELEVANT TO ATLAS PROGRAMS. GRANTEES RECEIVING \$5,000 OR MORE FROM ATLAS MUST PROVIDE REPORTS REGARDING THE USE OF FUNDS,
Pt I Line 2EXCEPT FOR THOSE INSTANCE	CES IN WHICH ATLAS'S GRAN	IS REPRESENT PRIZES TO REC	OGNIZE OUTSTANDING WORK (	ALREADY COMPLETE OR ONGOING)	EXCEPT FOR THOSE INSTANCES IN WHICH ATLAS'S GRANTS REPRESENT PRIZES TO RECOGNIZE OUTSTANDING WORK (ALREADY COMPLETE OR ONGOING) IN FIELD OF ENDEAVOR CENTRAL TO THE ATLAS MISSION
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Schedule I (Form 990) 2009

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

Open to Public Inspection

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SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

2009

OMB No 1545-0047

Open to Public Inspection

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Department of the Treasury Internal Revenue Service			Schedule I (F	Schedule I (Form 990), Part II and Part III.	rmation to			Open to Public Inspection
Name of the organization				1			Employer identification number	tion number
ATLAS ECONOMIC RESEARCH FOUNDATION	EARCH FOUND	ATION					94-2763845	3
	f Grants and C	Other Assistand	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule	and Organizations	in the United Stat	I—I	(Form 990), Part II.)	art II.)
(a) Name and address of organization or government	ganization or	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF DETROIT MERCY 4001 WEST MCNICHOLS RD DETROIT MI 48221		38-1360586	501 (C) 3	10,000.				ECONOMIC EDUCA
SHOW-ME INST FOR PUBLIC P 7777 BONHOMME AVE, STE 21 ST LOUIS MO 63105	1 1	20-1957878	501(C)3	10,000.				ECONOMIC EDUCA
THE MATTHEM RYAN PROJECT 805 BROWER RD WAYNE PA 19087	1 1	41-2169151	501 (C) 3	6,000.				ECONOMIC EDUCA
UNIV_OF RICHMOND-ADAM_SMI 28_WESTHAMPTON_WAY RICHMOND VA 23173	DAM_SMI_	54-0505965	501(C)3	10,000.				ACADEMIC EDUCA
		:						

## SCHEDULE J (Form 990)

## **Compensation Information**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ATLAS ECONOMIC RESEARCH FOUNDATION

Part I Questions Regarding Compensation

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization Employe

Employer identification number 94-2763845

			Yes	No
1:	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			1 l
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ı	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		ļ
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
i	a Receive a severance payment or change-of-control payment?	4a		X
١	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
;	a The organization?	5a		X
-	<b>b</b> Any related organization?	5b		X
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.			
;	a The organization?	6a		X
ı	<b>b</b> Any related organization?	6b		Х
	If 'Yes' to line 6a or 6b, describe in Part III			
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

Schedule **J** (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII. Schedule J (Form 990) 2009 ATLAS ECONOMIC RESEARCH FOUNDATION

Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

94-2763845

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdo	(B) Breakdown of W-2 and/or 1099-MIS	MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(I) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	Form 990 or Form 990 or Form 990-EZ
	(1) 166,45	458.		0	0	166,458.	155,000.
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	(ii)	-					
BAA			TEEA4102 02/	02/02/10		Sched	Schedule J (Form 990) 2009

## SCHEDULE M (Form 990)

## **Noncash Contributions**

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AS ECONOMIC RESEARCH FOIDDATION

Employer identification number

	AS ECONOMIC RESEARCH FOUNDATION	<u> </u>		194-	2/6384	<u> </u>		
Pai	t I Types of Property		··	<u> </u>				
		(a) Check if applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meti	nod of	d) determir nues	ning
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles				<b></b>			
7	Boats and planes			<u> </u>				
8	Intellectual property				<del></del>			
9	Securities—Publicly traded				-			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous						<del>.</del>	
13	Qualified conservation contribution—							<del></del>
	Historic structures				ļ			
14	Qualified conservation contribution—Other							
15	Real estate—Residential	<u> </u>						
16	Real estate—Commercial							
17	Real estate—Other	-		· · · · · · · · · · · · · · · · · · ·				
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts .	ļ			ļ <b>.</b>			
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (WINDOWS 7_LICENSES)	Х	13	2,587.				
26	Other ► (TRAVEL & CONFERENCE COSTS)	Х	1	220,000.	<u> </u>			
27	Other ► (HOTEL DISCOUNT )	Х	1	34,560.				
28	Other ► (	<u>                                     </u>			ļ			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones	on during the t	ax year for contributio	ns for which the	29			
	organization completed form 6263, Fart 14, Done	e Ackilowieugi	cincin		23		Yes	No
							162	NO
30 a	During the year, did the organization receive by control hold for at least three years from the date of the inpurposes for the entire holding period?	ontribution any nitial contribut	property reported in Figure 1 property reported in Figure 1 property reported in Figure 2 proper	Part I, lines 1-28 that it equired to be used for e	must exempt	30a		
h	If 'Yes,' describe the arrangement in Part II.							
	Does the organization have a gift acceptance police	cy that require	s the review of any no	n-standard contribution	s?	31	Х	
32 a	Does the organization hire or use third parties or r noncash contributions?	related organiz	rations to solicit, proce	ess, or sell		32a		Х
Ł	If 'Yes,' describe in Part II							
33	If the organization did not report revenues in colur	mn (c) for a ty	pe of property for which	ch column (a) is checke	d,			
	describe in Part II.		-	·				1

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

Schedule M (Form 990) 2009

Schedule	<b>M</b> (Form 990) 2009	ATLAS ECONOMI	C RESEARCH FO	OUNDATION		94-2763845	Page 2
Part II	Supplemental In and 33. Also co	nformation. Complete this part fo	lete this part to i r any additional	provide the information information.	required	by Part I, lines 3	30b, 32b,
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Schedule M (Form 990) 2009

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## SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

ATLAS ECONOMIC RE	SEARCH FOUNDATION	94-2763845
Pt_VI-B, Line 11A	A DRAFT OF THE FEDERAL 990 IS REVIEWED BY THE AU	DIT
	COMMITTEE. THE AUDIT COMMITTEE HAS BEEN DELEGAT	ED THIS
	AUTHORITY BY THE GOVERNING BODY.	
Pt VI-B, Line 12c	OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUI	RED ANNUALLY
<b></b>	TO SIGN STATEMENTS DISCLOSING CONFLICTS OF INTER	EST.
Pt VI-B, Line 15	ATLAS HAS A COMPENSATION COMMITTEE THAT IS COMPO	SED OF
	INDEPENDENT BOARD MEMBERS. DECISIONS OF THE COM	MITTEE ARE
	BASED ON COMPARATIVE ANALYSIS OF COMPENSATION LE	VELS AND
	TRENDS AT PEER NON-PROFIT INSTITUTIONS.	<del>-</del>
Pt_VI-C, Line 19	THE ORGANIZATION'S FEDERAL 990 AND OTHER GOVERNI	NG DOCUMENTS
	ARE MADE AVAILABLE TO THE PUBLIC VIA THE ATLAS W	EBSITE.
Pt VI-A, Line 4	THE ORGANIZATION AMENDED ITS BY-LAWS SINCE THE 200	08 FEDERAL 990 WAS FILED.
	<b></b>	
		<b>-</b>

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

"INTELLECTUAL ENTREPRENEURS" IN THE U.S. AND WORLDWIDE.

THE MISSION OF ATLAS IS "TO DISCOVER, DEVELOP AND SUPPORT

"INTELLECTUAL ENTREPRENEURS" WORLDWLIDE WHO CAN ADVANCE THE ATLAS VISION OF A SOCIETY OF FREE AND REPONSIBLE INDIVIDUALS." ATLAS RUNS EDUCATIONAL PROJECTS, TRAINING WORKSHOPS, AND PRIZE PROGRAMS TO STRENGTHEN A WORLDWIDE NETWORK OF THINK TANKS AND SIMILAR ORGANIZATIONS, WHICH PERFORM AND PROMOTE POLICY RESEARCH IN ORDER TO IMPROVE THE CLIMATE OF IDEAS.

## Form 990, Page 6, Line 17 States Form 990 Filed In

Oklahoma
Alabama
California
Colorado
Kentucky
Massachusetts
New York
North Carolina
Ohio
Oregon
Pennsylvania
South Carolina
Virginia
Connecticut
Kansas
Maryland
Tennessee
Illinois
Michigan
New Jersey
New Mexico
Louisiana
Rhode Island
Florida
Minnesota
Mississippi
Wisconsin
West Virginia
Alaska
Arizona
Arkansas
Georgia
Maine
Washington
Utah
New Hampshire
District of Columbia
Missouri
North Dakota

## **Supporting Statement of:**

Form 990 p 9/Sales of Other Assets

Description	Amount
DISPOSAL OF DEPRECIABLE FIXED ASSETS	0.
Total	0.

## **Supporting Statement of:**

Form 990 p 9/Personal Cost Basis

Description	Amount
ORIGINAL COST BASIS OF DEPRECIABLE FIXED ASSETS LESS: ACCUMULATED DEPRECIATION	71,557. -58,066.
Total	13,491.

## **Supporting Statement of:**

Form 990 p 11/Line 3, column (A)

Description	Amount
PLEDGES RECEIVABLE-CURRENT	1,542,997.
PLEDGES RECEIEVABLE-NON CURRENT	741,076.
Total	2,284,073.

## **Supporting Statement of:**

Form 990 p 11/Line 3, column (B)

Description	Amount
current pledges receivable	778,000.
non-current pledges receivable	370,040.

Total \_\_\_\_1,148,040.