# 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 2010

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the 2	010 calend	dar year, or tax year beginning , 2010, and ending				
B	Check if app		C Name of organization ATLAS ECONOMIC RESEARCH FOUNDATION	J D Empto	yer Identifi	cation Number	···
_	·	s change	Doing Business As	1	27638	45	
	Name	-	Number and street (or P.O. box if mail is not delivered to street addr) Room/suit	ie <b>É</b> Teleph	one numbe	er	
	Initial r		1201 L STREET, NW, 2ND FLOOR	(20	2) 44	9-8449	
	Termin		City, lown or country  State ZIP code + 4				
	-		WASHINGTON DC 20005-4	019 <b>G</b> Gross	receints S	7,680,334	
	<del>  </del>	ation pending		(a) Is this a group retu			X No
	Mobiles		Traine and address of principal enteet.	(b) Are all affiliates in	cluded?	Yes	No
	Tay ayar		X 501(c)(3)	If 'No,' attach a lisi	l. (see instr	ructions)	LJ
<u>+</u>		npt status		(c) Group exemption r	umbar Be		
7	Websit			<del></del>		gal domicite: DC	
K		organization: Summar		1: 130T   IM	State or le	gai domicile: DC	
P			y  be the organization's mission or most significant activities: TO FOSTER P	TIRL TO DEMAN	ו פחפ ד	PITRI TO POI	TCTEC
			SOUND ECONOMICS AND RESPECTFUL OF INDIVIDUAL L				
ခိုင	TE	SNING SPED ON	AND SUPPORTS "INTELLECTUAL ENTREPRENEURS" IN TH	E II.S. AND	WORL	DWIDE.	
ia L			THE DOLLOWING THE PROPERTY OF	<b>= - =</b> - +			
λe	2 Che	eck this bo	x If the organization discontinued its operations or disposed of more	than 25% of its	net asse	ts.	
Ğ	į.		ting members of the governing body (Part VI, line 1a)		. 3		12
80			dependent voting members of the governing body (Part VI, line 1b)				11
vitie			of individuals employed in calendar year 2010 (Part V, line 2a)				35
Activities & Governance	1		of volunteers (estimate if necessary)				0
~	1		the business revenue from Part VIII, column (C), line 12				0.
,	<b>D</b> IVe	t unrelated	business taxable income from Form 990-T, line 34	Prior Year		Current Ye	
	8 Coi	ntributions	and grants (Part VIII, line 1h)	5,435,		5,759	
ē	1		ice revenue (Part VIII, line 2g)	203,			,530.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		699.	·····	,203.
Re	1		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-		, = 0 0 1
	1		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,649,	679.	6,080	,372.
			milar amounts paid (Part IX, column (A), lines 1-3)	2,733,		2,575	
	i		to or for members (Part IX, column (A), line 4)			· · · · · · · · · · · · · · · · · · ·	
	l .		er compensation, employee benefits (Part IX, column (A), lines 5-10)	· · · · · · · · · · · · · · · · · · ·	1,618,829. 1		
9	16a Pro		fundraising fees (Part IX, column (A), line 11e)				,000.
Expenses	h Tot						
Exp	D 100		sing expenses (Part IX, column (D), line 25) 571,757.		,		
	1		es (Part IX, column (A), lines 11a-11d, 11f-24f)			3,216	
	1		es. Add lines 13-17 (must equal Part IX, column (A), line 25)			7,680	
	19 Re	venue iess	expenses. Subtract line 18 from line 12			-1,599	<del></del>
Net Assets or Fund Balances	00 T-1	(	Part X, line 16)	Beginning of Curre		End of Ye 2,812	
Bafa			s (Part X, line 26)		034.		,131. ,799.
let #	1						
Terr 2 (1977)			fund balances. Subtract line 21 from line 20	3,538,	330.	2,041	, 352.
		Signatur					
Und	er penaities o plete. Declar	of perjury, 1 de ation of prepa	sclare that I have examined this return, including accompanying schedules and statements, and to the reg (other than officer) is based on all information of which preparer has any knowledge.	ne best of my knowled	ge and beli	iet, it is true, correc	it, and
		A /	Which he lives	2-13	-/2	<del></del>	
Si	~ m	Signatu	re of office	Date			
Sign Here		BDAT	DLEY A LIPS	CEO			
	., .		print name and title.	CEO			
		Print/Type p	preparer's name Preparer's signature Date	Check	if I	PTIN	
D-	ini	DAVID		200 2 self-emple	<b>□</b>		
Pa	na eparer	Firm's name	C. BORRIARDI, CHAMBOOC COMPANION OF THE CONTROL OF	- of o- secretable	-, 1		
	e Only	1		Firm's Ell	\1 <b>≯</b>		
	y	Firm's addre		Phone no		3) 361-159	12
N.40-	v the IDC	discuss the	10.00		. (103	. X Yes	No
Ma	y the IRS	uiscuss th	is return with the preparer shown above? (see instructions)		· · · · · · · ·	.  A  162	1140

Form 990 (2010) ATLAS ECONOMIC RESEARCH FOUNDATION	94-2763845 F	Page <b>2</b>
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response to any question in this Part III		. Х
1 Briefly describe the organization's mission:		
SEE SCHEDULE O.		
2 Did the organization undertake any significant program services during the year which were not listed o		
Form 990 or 990-EZ?	Yes 🛚 🗎	No
If 'Yes,' describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes X	No
If 'Yes,' describe these changes on Schedule O.		
4 Describe the exempt purpose achievements for each of the organization's three largest program service	es by expenses. Section 501(c)	(3)
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported.	nd allocations to others, the total	al
onpenies, and retende, if any, for each program solvice reported.		
4a (Code: ) (Expenses \$ 5,828,704. including grants of \$ 2,575,202.)	/D	
	(Revenue \$ 252,53	30.)
THINK TANK SUPPORT AND TRAINING PROGRAMS		
ATLAS STRENGTHENS NEW AND ESTABLISHED THINK TANKS IN DIFFERENT		
OF THE WORLD, THROUGH REGIONAL SUPPORT PROGRAMS, ADVISORY SERVICE	CES,	
TRAINING WORKSHOPS, AND NETWORKING/SKILL-BUILDING EVENTS.		
<b>4b</b> (Code:) (Expenses \$ 578,633. including grants of \$ 461,292.)	(Revenue \$	0.)
AWARDS PROGRAMS - ATLAS ADMINISTERED AWARDS PROGRAMS THAT RECOG	NIZED	
OUTSTANDING EDUCATIONAL WORK BY THINK TANKS, IN ORDER TO BRING		
MORE ATTENTION TO THE PUBLIC BENEFITS OF THESE INSTITUTES AND TO	0	
CREATE GOOD INCENTIVES FOR THE BROADER SECTOR.		
4c (Code:) (Expenses \$352,192. including grants of \$190,584.)	(Payanua ¢	<u> </u>
ACADEMIC PROGRAMS - ATLAS'S ACADEMIC PROGRAMS PROVIDED GRANTS A		0.)
	ND	
FELLOWSHIPS TO INSTITUTIONS AND SCHOLARS WHO ARE WORKING TO		
IMPROVE THE UNDERSTANDING OF THE WORKINGS OF A FREE AND		
PROSPEROUS SOCIETY.		
4d Other program services. (Describe in Schedule O.)		
(Expenses \$ including grants of \$ ) (Revenue	\$)	
4e Total program service expenses ► 6,759,529.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	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, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	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 Schedule D, Part IV	9		Х
10	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
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
â	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X	
ł	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	11 b		Х
(	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	11 c		Х
	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	ļ
	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	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	X	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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, Parts I and IV	14b	X	
	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, Parts II and IV	15	X	
	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, Parts III and IV	16	Х	
	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 (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
Ł	olf 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) ATLAS ECONOMIC RESEARCH FOUNDATION

Part IV Checklist of Required Schedules (continued)

<u> </u>			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 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			
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u>X</u>
	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		
	I 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 I	25a		Х
1	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		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee 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 transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ļ	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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
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		Х
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
;	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2			
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?  Note. All Form 990 filers are required to complete Schedule O	38	X	

BAA Form 990 (2010)

# Form 990 (2010) ATLAS ECONOMIC RESEARCH FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	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		Her.	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1с	X	T. 0000000 50.000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		11.71	
	ments, filed for the calendar year ending with or within the year covered by this return 2a 35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
		4a		X
b	If 'Yes,' enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		1	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
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?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
	not tax deductible?	6b	2944	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		3	
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 828Ž?	7c		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 a		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	. 9		
.,	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			Services Brown
•	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			1931111
_	holdings at any time during the year?	8		X
	Sponsoring organizations maintaining donor advised funds.	2 mar. 1		
	Did the organization make any taxable distributions under section 4966?	9 a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		X
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		9	
	Section 501(c)(12) organizations. Enter:		75-16 10-16	
a	Gross income from members or shareholders	100		
b	Gross income from other sources (Do not net amounts due or paid to other sources			Ř.
10.	against amounts due or received from them.)	1.0	2	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	150,000	
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		juid.	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	12 X 10 K 1	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	A	Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	+	+
RAA	TEFADIOS 11/30/10		·	(2010)

n.	330 (200) ATEAS ECONOMIC RESEARCH FOUNDATION 94-2/6384	)	. F	'age <b>6</b>				
Pa	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or characteristics.	anges i	in					
~	Check if Schedule O contains a response to any question in this Part VI.			X				
<u>5e</u>	ction A. Governing Body and Management							
_			Yes	No				
1	a Enter the number of voting members of the governing body at the end of the tax year 1a 1	2						
	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	1						
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?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		X				
4		4		X				
	since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х				
6	Does the organization have members or stockholders?	. 6		X				
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X				
	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X				
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1		1				
	a The governing body?	. 8a	Χ	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	<b>b</b> Each committee with authority to act on behalf of the governing body?	. 8b	X					
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O			X				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-1 - 1		21				
			Yes	No				
10	a Does the organization have local chapters, branches, or affiliates?	10a		X				
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	. 10 ь						
11	a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	. 12a	Х					
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	X					
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	Х					
13	Does the organization have a written whistleblower policy?	13	X					
14	Does the organization have a written document retention and destruction policy?	14	<u>X</u>					
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
;	a The organization's CEO, Executive Director, or top management official	15.5	v					
	b Other officers of key employees of the organization		X	<del></del>				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130	A	20.7 E. C.				
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	70						
i	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			X				
Sec	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►							
18								
	Own website							
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest poli statements available to the public.	-		cial				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the orgation branch	nization 202) 4		3449				

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

Check if Schedule O contains a response to any question in this Part VII .....

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	n nor any r	elated	lorg	janiz	zatio	n com	per	sated any current offi	cer, director, or trustee	
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	adividual trustee or director		oheck Officer	Key amployee	Highest compensated employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W·2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) ALEJANDRO CHAFUEN										
PRESIDENT, DIRECTOR	40.00	Х		Х	Х			160,000.	0.	16,800.
(2) BRADLEY LIPS CEO/SECRETARY	40.00			Х	Х	Х		185,000.	0.	16,800.
(3) TOM PALMER  VP/INTL PROGRAMS	40.00			Х	Х			141,800.	0.	6,000.
(4) DAN GROSSMAN CHAIRMAN OF THE BOARD	8.00	Х		X				0.	0.	0.
(5)_ ABBY_MOFFAT TREASURER	6.00	Х		Х				0.	0.	0.
(6) DAN GROSSMAN DIRECTOR	1.00	Х						0.	0.	0.
_(7)_ JOHN_BLUNDELLDIRECTOR	4.00	х						0.	0.	0.
(8) TIMOTHY O. BROWNE DIRECTOR	2.00	x						0.	0.	0.
(9) GEORGE PEARSON DIRECTOR	4.00	Х						0.	0.	0.
(10) ANDREA RICH DIRECTOR	4.00							0.	0.	0.
(11) RENE SCULL DIRECTOR	2.00	Х						0.	0.	0.
(12) WILLIAM SUMNER DIRECTOR	4.00							0.	0.	0.
(13) LINDA WHETSTONE DIRECTOR	4.00							0.	0.	0.
(14) HON. CURTIN WINSOR DIRECTOR	4.00							0.	0.	0.
(15) CHARLES ALBERS DIRECTOR	1.00	Х						0.	0.	0.
<u>(16)</u>	-									
<u>(17)</u>										
RΛΛ	1	,	TEE	V 0 1 0.	7 1	2/21/10		1	· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2010)

Calculation	Part VII   Section A. Officers, Directors, Trus	tees, k	(еу	En	ıplo	oye	es,	an	d Highest Cor	npensated Emp	loyees (cont)
(19) (20) (21) (22) (23) (23) (24) (25) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(A)	1 '			•	•			(D)	(E)	(F)
(19) (29) (29) (29) (29) (29) (29) (29) (2	Name and title			_		_			Reportable	Reportable	
(19) (29) (29) (29) (29) (29) (29) (29) (2		per week (describe	or dir	Instit	Offic	Key a	High	Form	the organization (W-2/1099-MISC)	related organizations	compensation
(19) (29) (29) (29) (29) (29) (29) (29) (2		related	idual	ution	e,	empl	est co	ξ	,,	(,	organization
(19) (29) (29) (29) (29) (29) (29) (29) (2		zations	trus	al tr		oyee	omp				
(19). (29).		Sch O)	tee	ustee			ensa				
(29)		ļ		10			ted				
(29)	(18)	-							***************************************		
(29) (29) (29) (29) (29) (29) (29) (29)		1									
(29) (29) (29) (29) (29) (29) (29) (29)	(19)	<b></b>									
(22) (23) (29) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29		1									
(22) (23) (29) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(20)										
(23) (24) (25) (26) (26) (27) (28) (29)  1b Sub-total (29)  1 total from continuation sheets to Part VII, Section A 486,800, 0, 39,600, c Total from continuation sheets to Part VII, Section A 40 Total (add lines 1b and 1c) 486,800, 0, 39,600, 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ist any former officer, director or inustes, key employee, or highest compensated employee on line 1a; if the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule I for such and vidual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule I for such and vidual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for sorvices rendered to the organization? If Yes', complete Schedule J for such person.  5 Description of services  Compensation  AHC 1201 L, ST, NW WASHINGTON DC 20005 LANDLORD 273,832.  PENZANCE PO BOX 60127 CHAROLOPTE NC 28260 LANDLORD 140,614.											
(23) (24) (25) (26) (26) (27) (28) (29)  1b Sub-total (29)  1 total from continuation sheets to Part VII, Section A 486,800, 0, 39,600, c Total from continuation sheets to Part VII, Section A 40 Total (add lines 1b and 1c) 486,800, 0, 39,600, 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ist any former officer, director or inustes, key employee, or highest compensated employee on line 1a; if the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule I for such and vidual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule I for such and vidual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for sorvices rendered to the organization? If Yes', complete Schedule J for such person.  5 Description of services  Compensation  AHC 1201 L, ST, NW WASHINGTON DC 20005 LANDLORD 273,832.  PENZANCE PO BOX 60127 CHAROLOPTE NC 28260 LANDLORD 140,614.	(21)										
(23) (24) (25) (26) (27) (29) (29) (29) (29) (29) (29) (29) (29											
(25)  (26)  (27)  (28)  (29)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization.  (A)  Name and business address  Description of services  Compensation  AHC 1201 L ST, NR WASHINGTON DC 20005 LANDLORD 273, 832.  PENZANCE PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD 140, 614.	(22)										
(25)  (26)  (27)  (28)  (29)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   3 Did the organization   3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization.  (A)  Name and business address  Description of services  Compensation  AHC 1201 L ST, NR WASHINGTON DC 20005 LANDLORD 273, 832.  PENZANCE PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD 140, 614.		<u> </u>									
(25)  (26)  (27)  (28)  (29)  1b Sub-total Contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization? # Yes, complete Schedule J for such individual of the organization and related organization and related organization? # Yes, complete Schedule J for such individual of the organization ilist any former officer, director or trustee, key employee, or highest compensation from the organization in the organization and related organizations greater than \$150,000? # Yes' complete Schedule J for such individual in the organization and related organizations greater than \$150,000? # Yes' complete Schedule J for such individual for services rendered to the organization? # Yes, complete Schedule J for such person  5 Did any person listed on line Ia, is the sum of reportable compensation from the organization of the organization? # Yes, complete Schedule J for such person  5 X Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Compensation  AHC 1201 L ST, NW WASHINGTON DC 20005 LANDLORD 273, 832.  PENZANCE PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD 140, 614.	(23)	_									
(25)  (26)  (27)  (28)  (29)  1b Sub-total Contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization? # Yes, complete Schedule J for such individual of the organization and related organization and related organization? # Yes, complete Schedule J for such individual of the organization ilist any former officer, director or trustee, key employee, or highest compensation from the organization in the organization and related organizations greater than \$150,000? # Yes' complete Schedule J for such individual in the organization and related organizations greater than \$150,000? # Yes' complete Schedule J for such individual for services rendered to the organization? # Yes, complete Schedule J for such person  5 Did any person listed on line Ia, is the sum of reportable compensation from the organization of the organization? # Yes, complete Schedule J for such person  5 X Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Compensation  AHC 1201 L ST, NW WASHINGTON DC 20005 LANDLORD 273, 832.  PENZANCE PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD 140, 614.									**************************************		
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(25)  (27)  (28)  (29)  (29)  1 b Sub-total		ļ									
(28)  (29)  1 b Sub-total	(25)	-									
(28)  (29)  1 b Sub-total	/20	<del> </del> -	ļ								
(29)  1b Sub-total	(20)	-									
(29)  1b Sub-total	(27)										
29)   1b Sub-total		-									
29)   1b Sub-total	(28)						$\vdash$				
1b Sub-total		-									
1b Sub-total	(29)					<del> </del>					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  3 Did the organization  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  (C)  Compensation  AHC  1201 L ST, NW WASHINGTON DC 20005 LANDLORD  273,832.  PENZANCE  PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD  273,832.  2 Total number of independent contractors (including but not limited to those listed above) who received more than		1									
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual is the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual is the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual is the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual is the organization? If 'Yes,' complete Schedule J for such person is the organization? If 'Yes,' complete Schedule J for such person is the organization? If 'Yes,' complete Schedule J for such person is the organization of services rendered to the organization? If 'Yes,' complete Schedule J for such person is the organization of services is the organization of services is the organization of services organization.  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  (B)  Description of services  (C)  Compensation  AHC 1201 L ST, NW WASHINGTON DC 20005 LANDLORD 273,832.  PENZANCE PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD 140,614.	1 b Sub-total							<b>&gt;</b>	486,800.	0.	39,600.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Compensation  AHC 1201 L ST, NW WASHINGTON DC 20005 LANDLORD 273,832.  PENZANCE PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD 140,614.	c Total from continuation sheets to Part VII, Section	Δ				. <b>.</b>		<b>&gt;</b>			
From the organization   S   S   S   S   S   S   S   S   S											
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Compensation  AHC  1201 L ST, NW WASHINGTON DC 20005 LANDLORD  273, 832.  PENZANCE PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD  140, 614.	2 Total number of individuals (including but not limited	l to thos	e lis	ted :	abov	ve) v	who	rece	eived more than \$	100,000 in reportab	le compensation
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  AHC  1201 L ST, NW  WASHINGTON DC  20005 LANDLORD  273,832.  PENZANCE  PO BOX 60127  CHAROLOTTE NC  28260 LANDLORD  140,614.	from the organization > 3										
on line 1a? If 'Yes,' complete Schedule J for such individual											
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Compensation  AHC 1201 L ST, NW WASHINGTON DC 20005 LANDLORD 273,832.  PENZANCE PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD 140,614.	3 Did the organization list any former officer, director	or truste	e, ke	еу е	mpl	oye	e, or	hig	hest compensated	i employee	1 _ 1
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 V X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  AHC  1201 L ST, NW WASHINGTON DC 20005 LANDLORD  PENZANCE  PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD  140,614.											3 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 V X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  AHC  1201 L ST, NW WASHINGTON DC 20005 LANDLORD  PENZANCE  PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD  140,614.	4 For any individual listed on line 1a, is the sum of rep	ortable	com	pen	satio	on a	nd c	othe	r compensation fr	om	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	such individual						ιτιρι 		Scriedule 3 for		
for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5 Did any person listed on line 1a receive or accrue or	mpensa	ation	fror	n ar	าง น	nrela	ated	Lorganization or i	ndividual	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  AHC  1201 L ST, NW  WASHINGTON DC  20005 LANDLORD  273,832.  PENZANCE  PO BOX 60127  CHAROLOTTE NC  28260 LANDLORD  140,614.	for services rendered to the organization? If 'Yes,' co	omplete	Sch	edui	le J	for :	such	pei	rson		5 X
compensation from the organization.  (A) Name and business address  AHC  1201 L ST, NW WASHINGTON DC 20005 LANDLORD  273,832. PENZANCE  PO BOX 60127  CHAROLOTTE  NC 28260 LANDLORD  140,614.											NEW-1-1-1-1-1
AHC 1201 L ST, NW WASHINGTON DC 20005 LANDLORD 273,832. PENZANCE PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD 140,614.	compensation from the organization.	ed indep	ende	ent c	conti	racto	ors t	hat	received more tha	an \$100,000 of	
Name and business address  Description of services  Compensation  AHC 1201 L ST, NW WASHINGTON DC 20005 LANDLORD 273,832.  PENZANCE PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD 140,614.  2 Total number of independent contractors (including but not limited to those listed above) who received more than	(A)								(B	<u>,                                      </u>	(C)
PENZANCE PO BOX 60127 CHAROLOTTE NC 28260 LANDLORD 140,614.  2 Total number of independent contractors (including but not limited to those listed above) who received more than	Name and business addres	s							Description	of services	
2 Total number of independent contractors (including but not limited to those listed above) who received more than	AHC 1201 L ST, NW WA	SHING	OT	1	DC	2	000	05	LANDLORD		273,832.
	PENZANCE PO BOX 60127 CH	AROLO	TTI	Ξ	NC	2	82	60	LANDLORD		
			imite	ed to	the	se l	listed	d ab	ove) who receive	d more than	

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c       d Related organizations     1d       e Government grants (contributions)     1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f  g Noncash contributions included in Ins 1a-1f: \$  h Total. Add lines 1a-1f		5,759,639.			
PROGRAM SERVICE REVENUE	b	900099	252,530.	252,530.	0.	0.
PROGRA	f All other program service revenue g Total. Add lines 2a-2f		252,530.			
	<ul> <li>Investment income (including dividends, other similar amounts)</li> <li>Income from investment of tax-exempt b</li> <li>Royalties</li> </ul>	oond proceeds .	48,325.	48,325.	0.	0.
	(i) Real  6a Gross Rents	(ii) Personal				
	7a Gross amount from sales of assets other than inventory  b Less: cost or other basis	(ii) Other 500.				
	and sales expenses	500.	19,878.	19,878.	0.	0.
OTHER REVENUE	of contributions reported on line 1c).  See Part IV, line 18					
	9a Gross income from gaming activities. See Part IV, line 19					
,	10a Gross sales of inventory, less returns and allowances					
	c Net income or (loss) from sales of inven  Miscellaneous Revenue  11 a  b	Business Code				
	d All other revenue			220 722		
{	- TOTAL TEVELINE, DEC HISHUCHONS		6,080,372.	320,733.	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).

	All other organizations must composite include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
<i>65,</i> 1	7b, 8b, 9b, and 10b of Part VIII.  Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	484,587.	expenses 484,587.	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	175,552.	175,552.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,915,063.	1,915,063.		
4	Benefits paid to or for members	2,323,003.	1,722,003.		
5	Compensation of current officers, directors, trustees, and key employees	486,800.	313,428.	62,934.	110,438.
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	1,087,608.	700,260.	140,609.	246,739.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	189,814.	125,057.	30,759.	33,998.
10	Payroll taxes	118,644.	73,450.	20,616.	24,578.
11	Fees for services (non-employees):				
	Management			*****	
	Legal	40,254.	22,323.	11,341.	6,590.
	Accounting	20,849.	116.	20,725.	8.
	Lobbying		SECOND BUT OF THE SECOND STREET		
	Professional fundraising services. See Part IV, line 17	5,000.			5,000.
	Investment management fees				
	g Other		930,868.	104.	24.
12	Advertising and promotion				
13	Office expenses	**************************************	43,986.	2,127.	2,602.
14	Information technology				
15	Royalties		406 001	00.006	20.00=
16 17	Occupancy		426,891.	22,396.	38,325.
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,123,440.	1,104,882.	6,156.	12,402.
	Interest				
21 22	Payments to affiliates	20.200	24 5 62	1 000	2 021
23	Insurance	39,380. 13,886.	34,563.	1,886. 13,886.	2,931.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f	13,000.		13,000.	
2	expenses on Schedule O.)	173,415.	157,439.	2,271.	13,705.
	DUES & SUBSCRIPTIONS	160,778.	137, 110.	4,699.	18,969.
	: POSTAGE & SHIPPING	47,372.	19,408.	529.	27,435.
	COMMUNICATIONS	40,192.	35,496.	2,386.	2,310.
	DIRECT MAIL	20,742.	1,515.	2,380.	19,227.
	All other expenses	69,311.	38,413.	24,422.	6,476.
25	Total functional expenses. Add lines 1 through 24f	7,680,010.	6,740,407.	367,846.	571,757.
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	1,300,010.		307,010.	
BAA					Form <b>990</b> (2010)

BAA

					(A) Beginning of year		<b>(B)</b> End of year
T	1	Cash - non-interest-bearing			121.	1	872,163.
l	2	Savings and temporary cash investments			2	74,226.	
	3	Pledges and grants receivable, net		3	481,667.		
	4	Accounts receivable, net		67,978.	4	52,911.	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part		5			
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)		6			
A   S   E	7	Notes and loans receivable, net		,		7	
S E	8	Inventories for sale or use				8	
S	9	Prepaid expenses and deferred charges				9	44,344
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D					
	1				124 204	10	114 000
		Less: accumulated depreciation.			<del></del>	10 c	114,922
		Investments – publicly traded securities				11	1,083,821
	12	Investments – other securities. See Part IV, line 11.				12	
	13	Investments – program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15	88,097		
+	16	Total assets. Add lines 1 through 15 (must equal line				16	2,812,151
	17	Accounts payable and accrued expenses			17	301,829	
	18	Grants payable			18	450,000	
.	19	Deferred revenue				19	
Ī	20	Tax-exempt bond liabilities			20		
B	21	Escrow or custodial account liability. Complete Part I	V of Sc	hedule D		21	
<u>.</u>	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per of Schedule L	sons. C	Complete Part II		22	
Ē	23	Secured mortgages and notes payable to unrelated th				23	
3	24	Unsecured notes and loans payable to unrelated third				24	17-1
	25	Other liabilities. Complete Part X of Schedule D				25	18,970
	26	Total liabilities. Add lines 17 through 25					770,799
AI.	20	Organizations that follow SFAS 117, check here ►			702,034.	20	770,799
N E T		27 through 29 and lines 33 and 34.	ZZ   AI	id complete intes		1	
.	27	Unrestricted net assets				27	405 764
A SSET	28	Temporarily restricted net assets				-	405,764
Š	28 29	Permanently restricted net assets	2,447,322.	28	1,635,588		
O R	29			29			
FUND		Organizations that do not follow SFAS 117, check he lines 30 through 34.					
D	30	Capital stock or trust principal, or current funds				30	
B A L	31	Paid-in or capital surplus, or land, building, or equipm	nent fur	d		31	
	32	Retained earnings, endowment, accumulated income,	er funds		32		
ANCES	33	Total net assets or fund balances	,		3,538,330.	33	2,041,352
١٦	34	Total liabilities and net assets/fund balances				34	2,812,151

Form **990** (2010)

For	m 990 (2010) ATLAS ECONOMIC RESEARCH FOUNDATION 94-	2763845		Pa	ige <b>12</b>
Pa	nt XI Reconciliation of Net Assets				.go
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,0	80,3	372.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,6	80,0	10.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,5	99,6	38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,5	38,3	330.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1	02,6	60.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2.0	41,3	352
Pa	irt XII Financial Statements and Reporting	,			
	Check if Schedule O contains a response to any question in this Part XII	<i></i>	<i>.</i>		🗀
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			7	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	CORR. C. LANGE (200)	Х
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	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?	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 issued separate basis, consolidated basis, or both:	d on a			

**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. BAA Form 990 (2010)

3a

3b

X Consolidated basis Both consolidated and separate basis

Separate basis

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

Open to Public Inspection

		organization							Employer	identificat	tion number		
		ECONOMIC RESE								63845			
Par	ĽI.	Reason for Pub	lic Charity Status	s (All organizations	must o	comple	te this	part.)	See ii	nstruct	ions.		
The c	rga	nization is not a priva	te foundation becaus	e it is: (For lines 1 throu	igh 11, c	heck on	ly one b	ox.)					
1		A church, convention	of churches or associ	ciation of churches desc	ribed in	section	170(b)(1	)(A)(i).					
2	П	A school described in	section 170(b)(1)(A	(ii). (Attach Schedule E	)								
3				e organization described		ion 170(	<b>Б</b> УЛУАУ	Gii).					
4	П			in conjunction with a ho					<b>λΥ1ΥΔ</b> Υ	iii) Ente	er the hosni	tal'e	
	<b></b>	name, city, and state		oorijariotiori irriir a ric	, , , , , , , , , , , , , , , , , , ,	00011000	5000	011 170(	אריארא	Line	a the nospi	lai 3	
5		An organization oper 170(b)(1)(A)(iv). (Co	ated for the benefit o	for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> te Part II.)									
6	П	A federal, state, or lo	ocal government or go	overnmental unit describ	ed in <b>se</b>	ction 17	0(b)(1)(A	AYv).					
7	X	An organization that	normally receives a s	I government or governmental unit described in section 170(b)(1)(A)(v).  rmally receives a substantial part of its support from a governmental unit or from the general public described vi). (Complete Part II.)									
8		A community trust de	escribed in section 17	<b>'0(b)(1)(A)(vi).</b> (Complete	e Part II.	.)							
9		An organization that from activities related	normally receives: (1 I to its exempt function Ind unrelated busines	) more than 33-1/3% of ons – subject to certain s taxable income (less s	its supp	ort from	(2) no r	nore tha	n 33-1/3	3% of its	SUDDON'T fro	m ara	hee
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
		a Type I	<b>b</b> ☐ Type II	c Type II		-		ed		d $\square$	Type III -	Othe	r
е		By checking this box, other than foundation section 509(a)(2).	I certify that the org managers and other	anization is not controller than one or more publi	ed direct	lv or ind	irectly b	v one o	more d cribed ir	isqualifie section	ed nersons		
f		` ' ' '	ceived a written doto	rmination from the IRS t	hat ic a	Tunal	Tuno II e	. T	ممسيم اللا				
•		check this box	wither dete		a		i àbe ii c	i Type	m suppe	mung orç	yanızanon,		
g				on accepted any gift or									
				, , , ,					5			Yes	No
		(i) A person who d	firectly or indirectly c	ontrols, either alone or t	ogether	with per	sons de	scribed	in (ii) ar	nd (iii)		-103	110
		below, the gove	erning body of the sup	oported organization?									
				oed in (i) above?									
				described in (i) or (ii) ab							. 11 g (iii)		
h		Provide the following	information about th	e supported organization	n(s).								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column ( your go	Is the zation in i) listed in overning ment?	the organ	ou notify lization in n (i) of upport?		ation in nn (i) ed in the	(vii) Amour	it of sup	port
					Yes	No	Yes	No	Yes	No			
				- 11/						-	T-101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
(A)													
·		***************************************											
(B)													
(C)													
(D)													
(E)													
Total													
			kangerije araja (166) a Cilifor	DAMES			Lew A						

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

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

Sec	tion A. Public Support								
Cale: begii	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	<b>(e)</b> 2010	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	4,882,779.	4,358,530.	6,497,129.	5,178,025.	5,711,941.	26,628,404.		
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 by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.		
4	Total. Add lines 1 through 3	4,882,779.	4,358,530.	6,497,129.	5,178,025.	5,711,941.	26,628,404.		
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)						5,876,795.		
6	Public support. Subtract line 5 from line 4						20,751,609.		
Sec	tion B. Total Support				J. W. C.				
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	<b>(e)</b> 2010	(f) Total		
7	Amounts from line 4	4,882,779.	4,358,530.	6,497,129.	5,178,025.	5,711,941.	26,628,404.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	66,804.	64,258.	92,680.	24,190.	48,325.	296,257.		
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						26,924,661.		
12	Gross receipts from related activ	ities, etc (see inst	tructions)			12			
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	a section 501(c)(3	)		
	tion C. Computation of Pu						1		
	Public support percentage for 20						77.07%		
	Public support percentage from 2	,	,				71.40%		
16 a	33-1/3% support test — 2010. If and stop here. The organization	the organization d qualifies as a pub	id not check the b dicly supported or	oox on line 13, and ganization	d the line 14 is 33	-1/3% or more, ch	neck this box		
ŀ	33-1/3% support test – 2009. If and stop here. The organization	the organization d qualifies as a pub	id not check a boo licly supported or	x on line 13 or 16 ganization	a, and line 15 is 3	3-1/3% or more, o	check this box		
17 a	17a 10%-facts-and-circumstances test − 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
ł	<b>b 10%-facts-and-circumstances test</b> — <b>2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,					
BAA					S	chedule A (Form	990 or 990-EZ) 2010		

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

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

Se	ction A. Public Support			PARAL III				
	ndar year (or fiscal yr beginning in) 🟲	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 201	0	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')				,			(i) Total
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						•		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons							
j	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b				· · · · · · · · · · · · · · · · · · ·			
	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support		,					
	dar year (or fiscal yr beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 201	)	(f) Total
10 a	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add Ins 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 i organization, check this box and	s for the organiza	tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501	(c)(3)	►
sec	tion C. Computation of Pul	olic Support P	ercentage					
15	Public support percentage for 20	10 (line 8, column	(f) divided by line	e 13, column (f)).	· · · · · · · · · · · · · · · · · · ·		15	%
16	Public support percentage from 2	009 Schedule A, I	Part III, line 15				16	ş
	tion D. Computation of Inv							
	Investment income percentage for						17	ુ
	Investment income percentage from						18	용
	33-1/3% support tests - 2010. If is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly support	ed organiza	ition	
£	33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	the organization of the check this box at	ии пот спёск а bo nd <b>stop here.</b> The	ox on line 14 or lin Torganization qual	e 19a, and line 16 ifies as a publicly	is more that supported o	an 33-1/3 rganizati	%, and on ►
20	Private foundation. If the organiz	ation did not ched	k a box on line 1	4, 19a, or 19b, che	eck this box and s	ee instructio	ons	▶

Schedule A	(Form 990 c	or 990-EZ) 2	2010 A	TLAS :	ECONOMI	C RESE	EARCH	FOUNDA	ATION	94	-276384	5	_Page 4
Part IV	(Form 990 o Supplem Part II, lir (See inst	ental Info ne 17a or ructions).	<b>rmatior</b> 17b; ar	ı. Com ıd Part	plete this III, line	s part to 12. Also	provio comp	le the ex lete this	xplanation part for	ns require any additi	d by Part onal info	II, line 1 rmation.	0;
3-000	V-2-1-												
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# **SCHEDULE D**

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,

Open to Public

OMB No. 1545-0047

Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

ATLAS ECONOMIC RESEARCH FOUNDATION 94-2763845 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts 2 Aggregate contributions to (during year) ..... 3 Aggregate grants from (during year) ...... 4 Aggregate value at end of year ...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ..... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) ...... 2с d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 ..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X.

Part III Organizations Maintai	ning Colle	ctions	of Art, Hist	torical	Treasures, o	r Other	Similar Ass	ets (co	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	on, accession,	, and otl	ner records, ch	neck any	of the following	that are a	ı significant use	of its o	ollectio	n
a Public exhibition			d Loan	or exch	ange programs					
<b>b</b> Scholarly research			e 💹 Othe	er						
c Preservation for future genera										
4 Provide a description of the organ Part XIV.	ization's colle	ections a	and explain how	w they fu	irther the organi	zation's e:	xempt purpose	in		
5 During the year, did the organizat assets to be sold to raise funds ra	ither than to b	oe main	tained as part o	of the or	ganization's coll	ection?	<i></i>	Yes	Γ	No
Part IV Escrow and Custodial 9, or reported an amount	Arrangem	ients.	Complete if	organi	zation answe	ered 'Ye	s' to Form 9	90, Pa	art IV,	line
1a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian	, or oth	er intermediary	for cont	ributions or othe	er assets i	not [	Yes	- Γ	── No
<b>b</b> If 'Yes,' explain the arrangement in							L		L	
								Amount	<u> </u>	
c Beginning balance										
<b>d</b> Additions during the year								et de la companya de		
e Distributions during the year							·	•		
f Ending balance										
2a Did the organization include an ar		n 990, F	Part X, line 21?	?				Yes	L	∫No
b If 'Yes,' explain the arrangement i					11) (					
Part V Endowment Funds. Co										
	(a) Current	year	(b) Prior ye	ear	(c) Two years bac	k (d)	Three years back	(e)	our year:	s back
1 a Beginning of year balance								79.4		
<b>b</b> Contributions							4.75 (4.474)			
c Net investment earnings, gains, and losses										
<b>d</b> Grants or scholarships										
e Other expenditures for facilities and programs						14				
f Administrative expenses						#.Q.#.C.	1.27.4.39			Filt H
<b>g</b> End of year balance						100				
2 Provide the estimated percentage	of the year e	nd bala	nce held as:					T		<u> </u>
a Board designated or quasi-endow	ment -		g <sub>o</sub>							
<b>b</b> Permanent endowment ►	%									
c Term endowment	8									
3a Are there endowment funds not in organization by:	the possessi	ion of th	e organization	that are	held and admin	istered fo	r the	١		N.
(i) unrelated organizations								3a(i)	Yes	No
(ii) related organizations										<b></b>
<b>b</b> If 'Yes' to 3a(ii), are the related or								3a(ii) 3b		
4 Describe in Part XIV the intended							• • • • • • • • • • • • • • • • • • • •	30		<u> </u>
Part VI Land, Buildings, and E									***************************************	
Description of investment		<b>(a)</b> Cost	t or other basis	(b)	Cost or other asis (other)		cumulated reciation	(d)	Book va	 alue
1 a Land	, , , , , ,						reciation			
<b>b</b> Buildings	<b>+</b>			1						
c Leasehold improvements										
<b>d</b> Equipment	t t				238,384.		123,462.		111	,922.
<b>e</b> Other	- t			1	200,001.	T	223/402.			, ,
Total. Add lines 1a through 1e (Column		ıal Form	990. Part X o	column (	3). line 10(c) )	1	<b>&gt;</b>		114	,922.
BAA		5////	, , .		-,, , 0(0/.) .		***************************************	ula <b>D</b> /	-	, <u>, , , , , , , , , , , , , , , , , , </u>

Schedule **D** (Form 990) 2010

Part VII Investments-Other Securities. See F	orm 990, Part X, I	ine 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
<u>(C)</u>		
(D)		
(E)		771 - 4 64 - 4
<u>(F)</u>		
(G)		
<u>(H)</u>		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)	[	12)
Part VIII Investments—Program Related. (See		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		Oost of Cita of year market value
(2)		
(3)		
(4)		**************************************
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets. (See Form 990, Part X,	line 15)	
	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column(B)  Part X Other Liabilities. (See Form 990, Part	), line 15)	
(a) Description of liability		
(1) Federal income taxes	(b) Amount	
(2) SECURITY DEPOSIT	10.05	
(3)	18,97	/ 0 .
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	. 18,9	70
	· 1 ±012.	

2. FIN 48 (ASC 740) 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 (ASC 740).

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule <b>D</b> (Form 990) 2010 A	TLAS ECONOMIC RESEA	ARCH FOUNDATION	94-2763	3845 Page <b>5</b>
Schedule D (Form 990) 2010 A Part XIV Supplemental I	nformation (continued)			
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			m with think along your made young grays given brind those value had been been along	
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#### Schedule F (Form 990)

#### 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ATLAS ECONOMIC RESEA				94-276384	15
Part I General Information to Form 990, Part	<b>ion on Activiti</b> : IV, line 14b.	es Outside the	e United States. Complet	e if the organizatior	answered 'Yes'
1 For grantmakers. Does the grantees' eligibility for the g	organization maii grants or assistand	ntain records to si ce, and the select	ubstantiate the amount of the gion criteria used to award the g	rants or assistance, the rants or assistance?	. 🛛 Yes 🗌 No
2 For grantmakers. Describe	in Part V the orga	anization's proced	ures for monitoring the use of $\mathfrak c$	grant funds outside the U	nited States.
3 Activities per Region. (The	following Part I, Ii	ne 3 table can be	duplicated if additional space i	s needed.)	
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Sub-Saharan Africa	0	0	GRANTS TO RECIPIENTS	ECONOMIC EDUCATION	88,836.
(2) East Asia and Pacific	0	0	GRANTS TO RECIPIENTS	ECONOMIC EDUCATION	300,374.
(3) North America	0	0	GRANTS TO RECIPIENTS	ECONOMIC EDUCATION	139,190.
(4) Europe	0	0	GRANTS TO RECIPIENTS	ECONOMIC EDUCATION	886,893.
(5) South America	0	0	GRANTS TO RECIPIENTS	ECONOMIC EDUCATION	432,023.
(6) Middle East	0	0	GRANTS TO RECIPIENTS	ECONOMIC EDUCATION	48,852.
(7)					
(8)					
(9)					
(10)					***************************************
(11)		<b></b>			
(12)					·····
(13)					
(14)	1				
(15)					
(16)					
(17)			en er enter eine kan het stelle s		
3a Sub-total	0	0			1,896,168.

c Totals (add lines 3a and 3b)

1,896,168.

Page 2

Page 2	000,	(i) Method of valuation (book, FMV, appraisal, other)													
53845	iswered 'Yes' to ed more than \$5	(h) Description of non-cash assistance													
94-2763845	organization ar recipient receiv	(g) Amount of non-cash assistance													
	complete if the box if no one	(f) Manner of cash disbursement	CHECK	CHECK	CHECK	CHECK	CHECK	CHECK							
	<b>nited States.</b> O 100. Check this	(e) Amount of cash grant	88,836. CHECK	300,374. CHECK	886,893.	432,023.	48,852.	139,190. CHECK							
ON	<b>Jutside the U</b> ıore than \$5,0	(d) Purpose of grant	ECONOMIC EDUCATI	a and Pacifi ECONOMIC EDUCATI	ECONOMIC EDUCATI	America economic educari	ECONOMIC EDUCATI	America Economic Educati							
RCH FOUNDATION	ons or Entities ( who received m is needed.	(c) Region	Sub-Saharan Africa ECONOMIC EDUCATI	East Asi	Europe	South America	Middle East	North America							
ATLAS ECONOMIC RESEARCH	se to Organization or any recipient additional space	(b) IRS code section and EIN (if applicable)													
Schedule F (Form 990) 2010 ATLAS EC	<b>Grants and Other Assistance to Organizations or Entities Outside the United States.</b> 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 ►□ Part II can be duplicated if additional space is needed.	(a) Name of organization													
Schedule F	Part II	-	(1) the second	(2)	(3)	(4)	(5)	(9)	6	(8)	(6)	(10)	(1)	(12)	(13)

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 BAA 7

Schedule **F** (Form 990) 2010

(15)

(91)

(14)

Page 3

94-2763845

ATLAS ECONOMIC RESEARCH FOUNDATION

Partile Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990,
Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2010

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2010 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients 28 East Asia and Pacific 5 Ŋ Sub-Saharan Africa 3 South America North America (b) Region Middle East Europe (a) Type of grant or assistance (2) ECONOMIC EDUCATION (3) ECONOMIC EDUCATION (4) ECONOMIC EDUCATION (5) ECONOMIC EDUCATION (1) ECONOMIC EDUCATION (6) ECONOMIC EDUCATION BAA 8 8 9 9 (1) (12) (3) (14) (15) (16) (8) (7)

Sch	edule F (Form 990) 2010 ATLAS ECONOMIC RESEARCH FOUNDATION	94-2763845	Page 4
Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 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)	an	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receip Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner instructions for Forms 3520 and 3520-A)	nt of Certain Cisee	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Y organization may be required to file Form 5471, Information Return of U.S. Persons with respect Foreign Corporations. (see instructions for Form 5471)	to Certain	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Re Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instruction Form 8621)	eturn by a ons for	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Y organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain For Partnerships. (see instructions for Form 8865)	oreign	X No

BAA

6 Did the organization have any operations in or related to any boycotting countries during the tax year?

If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).....

Schedule F (Form 990) 2010

Yes

X No

Complete this 3, column (f) of Part III, column any additional	part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and n (c) (estimated number of recipients), as applicable. Also complete t his part to provide information (see instructions).
Pt_I_Line_2	ATLAS RELIES ON THE GRANTS COMMITTEE OF ITS BOARD OF
	DIRECTORS TO PROVIDE OVERSIGHT OF THE WORK OF ATLAS STAFF
	IN ESTABLISHING THE ELIGIBILITY AND APPROPRIATENESS OF CANDIDATES
	FOR GRANTS WITHIN ATLAS PROGRAMS. ATLAS SUPPORTS (A) ORGANIZATIONS
	THAT OPERATE AS NON-PROFIT RESEARCH INSTITUTES, (B) "INTELLECTUAL
	ENTREPRENEURS" EMBARKING ON THE CREATION OF SUCH ORGANIZATIONS, AND
	(C) SCHOLARS WORKING IN FIELDS OF INTELLECTUAL INQUIRY RELEVANT
	TO ATLAS PROGRAMS. GRANTEES RECEIVING \$5,000 OR MORE FROM ATLAS
	MUST PROVIDE REPORTS REGARDING THE USE OF FUNDS, EXCEPT
	FOR THOSE INSTANCES IN WHICH ATLAS'S GRANTS REPRESENTS PRIZES
	TO RECOGNIZE OUTSTANDING WORK (ALREADY COMPLETED OR ONGOING)
	IN THE FIELDS OF ENDEAVOR CENTRAL TO THE ATLAS MISSION.
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

# SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations,

Governments and Individuals in the United States

OMB No. 1545-0047 2010

Open to Public Inspection

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? Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Part | General Information on Grants and Assistance ATLAS ECONOMIC RESEARCH FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization

**≗** □ 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. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II can be duplicated if additional space is needed ....

	200	2000					
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
(1) ALASKA POLICY FORUM _ 201 BARROW ST BOX 8							
rK 99501	26-4380206	501(C)3	6,580.				ECONOMIC EDUCA
(2) GEORGE MASON LAW & ECON C							
3301_FAIRFAX_DR,_MSG_1G3							
ARLINGTON VA 22201	54-1603842	501(C)3	12,000.				ECONOMIC EDUCA
(3) GEORGE MASON UNIV							
FAIRFAX VA 22030	94-2763845	501 (C) 3	34,313.				ECONOMIC EDUCA
(4) PELICAN INST FOR PUBLIC P							
201 ST CHARLES AVE STE 25							
NEW ORLEANS LA 70170	26-1704791	501(C)3	10,000.				ECONOMIC EDUCA
(5) PLATTE INST FOR ECON RESE							
10050 REGENCY CIRCLE, STE							
OMAHA NE 68114	20-8809060	501(C)3	8,197.				ECONOMIC EDUCA
(6) PSSI_WASHINGTON							
1002 WISCONSIN AVE, NW				-			
- 1	11-3792466	501(C)3	93,500.				ECONOMIC EDUCA
(7) THE JOHN MACIVER INST				11-2			
44 EAST MIFFLIN ST, STE 2							
MADISON WI 53703	26-2639114	501 (C) 3	10,000.				ECONOMIC EDUCA
(8) ACTON INST							
NW_#301							
	38-2926822	501(C)3	10,000.				ECONOMIC EDUCA
3 Enter total number of cootion E01/0//2) and coursement	0 100 000 000 000 000 000 000 000 000 0	0.000				•	

3 Enter total number of other organizations

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

TEEA3901 10/29/10

Schedule I (Form 990) 2010

# 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.

Schedule I Cont (Form 990) 2010 ECONOMIC EDUCA (h) Purpose of grant or assistance ŏ Continuation Page 1 Employer identification number (Form 990), Part II.) (g) Description of 94-2763845 non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (e) Amount of non-cash assistance 500. (d) Amount of cash 10,000 10,000 10,000 43,000 10,000 20,000 11,000 30,880 10,000 ģ grant (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501 (C) 3 501 (C) 3 501(C)3 20-2668700 23-7432162 25-1065148 54-1901356 52-2363626 54-1436224 20-3558542 94-3435899 30-0144364 38-1624684 (b) EIN ATLAS ECONOMIC RESEARCH FOUNDATION (a) Name and address of organization or government 3 BEHESDA METRO CTR STE 1 BETHESDA MD 20814 1001 CONN AVE, NW STE 125 WASH DC 20036 3301 N FAIRFAX DR STE 450 CENTER FOR VISION & VALUE 350 FIFTH AVE STE 809 --- NEW YORK NY 10118 1 910 17TH ST NW STE 422 HUMAN RIGHTS FOUNDATION NORTHWOOD UNIVERSITY STUDENTS FOR LIBERTY GROVE CITY PA 16127 ARLINGTON VA 22216 ARLINGTON VA 22201 1000 MASS AVE NW MIDLAND MI 48640 4000 WHITING DR IRVINE CA 92612 CATO INSTITUTE WASH DC 20006 WASH DC 20001 PO\_BOX\_17321 Name of the organization MERCATUS BOX 3147 HACER TEEF

TEEA4001 01/25/11

ATLAS ECONOMIC RESEARCH FOUNDATION Schedule I (Form 990) 2010

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

Part III

94-2763845

(B) "INTELLECTUAL ENTREPRENEURS" EMBARKING ON THE CREATION OF SUCH ORGANIZATIONS, AND (C) SCHOLARS WORKING ON FIELDS OF INTELLECTUAL ATLAS RELIES ON THE GRANTS COMMITTEE OF ITS BOARD OF DIRECTORS TO PROVIDE OVERSIGHT OF THE WORK OF ATLAS STAFF IN ESTABLISHING THE ELIGIBILITY AND APPROPRIATENESS OF CANDIDATES FOR GRANTS WITHIN ATLAS PROCRAMS. ATLAS SUPPORTS (A) ORGANIZATIONS THAT OPERATE AS NON-PROFIT RESEARCH INSTITUTES. INQUIRY RELEVANT TO ATLAS PROGRAMS. GRANTEES RECEIVING \$5,000 OR MORE FROM ATLAS MUST PROVIDE REPORTS REGARDING THE USE OF FUNDS, EXCEPT FOR THOSE INSTANCES IN WHICH ATLAS'S GRANTS REPRESENT PRIZES TO RECOGNIZE OUTSTANDING WORK (ALREADY COMPLETE OR ONGOING) IN FIELD OF ENDBAVOR CENTRAL TO THE ATLAS MISSION. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. N/A N/A N/A (e) Method of valuation (book, FMV, appraisal, other) N/A N/A 0. N/A 0 (d) Amount of non-cash assistance 59,000 100,002 16,550 (c) Amount of cash grant \_ 9 ω (b) Number of recipients (a) Type of grant or assistance RESEARCH FELLOWSHIPS TRAVEL GRANTS  $\alpha$  $\alpha$ PRIZES Pt I Line Pt\_I\_Line\_ Pt\_I\_Line\_ Pt\_I\_Line\_ Pt\_I\_Line\_ 7 က 4 S 9

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Schedule I (Form 990) 2010

#### **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 Name of the organization

ATLAS ECONOMIC RESEARCH FOUNDATION

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

Employer identification number

94-2763845

AC 3773	arting Questions Regarding Compensation		Yes	No
-	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	ĵ	iong.	NO.
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
		141		
	<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		
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.	5.		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study		1.9	
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
	a Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
	c Participate in, or receive payment from, an equity-based compensation arrangement?			X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
	a The organization?	5a		X
	<b>b</b> Any related organization?	5 b	500 - 50 <b>44</b> N 54	X
6	If 'Yes' to line 5a or 5b, describe in Part III.  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:			1
	a The organization?	6a		Х
	<b>b</b> Any related organization?	6b		X
	If 'Yes' to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III			Х
9		9		

Schedule J (Form 990) 2010 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

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

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

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC	-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	(a)-(j)(a)	reported in prior Form 990 or Form 990-EZ
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ВАА			TEEA4102 07/2	07/20/10		Schedi	Schedule J (Form 990) 2010

# 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

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ATLAS ECONOMIC RESEARCH FOUNDATION

Employer identification number

94-2763845

Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art-Works of art ..... Art-Historical treasures ..... Art-Fractional interests ..... 3 5 Clothing and household goods ..... 6 Cars and other vehicles ..... 7 Boats and planes ..... Intellectual property ..... 9 Χ 1 47,698. FAIR MARKET VALUE Securities-Closely held stock ..... 10 11 Securities-Partnership, LLC, or trust interests ... Securities-Miscellaneous ..... Qualified conservation contribution-Historic structures ..... Qualified conservation contribution—Other ..... 16 Real estate—Commercial ..... Real estate--Other ..... 17 18 Collectibles .... 19 Food inventory ..... 20 Drugs and medical supplies ..... 21 Taxidermy ..... Historical artifacts ..... 22 23 Scientific specimens ..... 24 Archeological artifacts ..... 26 Other 27 Other ► 28 Other > Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ...... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30 a b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .... 31 Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a b If 'Yes,' describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

describe in Part II

Schedule M (Form 990) 2010

Schedule M (Form 990) 2010 ATLAS ECONOMIC RESEARCH FOUNDATION	94-2763845	Page 2
Schedule M (Form 990) 2010 ATLAS ECONOMIC RESEARCH FOUNDATION  Part II Supplemental Information. Complete this part to provide the information required and 33. Also complete this part for any additional information.	d by Part I, lines 30b,	, 32b,
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# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization		Employer identification number
ATLAS ECONOMIC RESEA	ARCH FOUNDATION	94-2763845
Pt_VI-B, Line_11a_A	DRAFT OF THE FEDERAL 990 IS REVIEWED BY THE AU	DIT
<u>C</u> C	DMMITTEE. THE AUDIT COMMITTEE HAS BEEN DELEGAT	ED THIS
<u>AU</u>	JTHORITY BY THE GOVERNING BODY.	
Pt_VI-B, Line 12c_OF	FFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUI	RED ANNUALLY
TC	SIGN STATEMENTS DISCLOSING CONFLICTS OF INTER	EST.
Pt_VI-B, Line_15_AT	TLAS HAS A COMPENSATION COMMITTEE THAT IS COMPO	SED OF
<u>IN</u>	IDEPENDENT BOARD MEMBERS. DECISIONS OF THE COM	MITTEE ARE
BA	ASED ON COMPARATIVE ANALYSIS OF COMPENSATION LE	VELS AND
<u>TR</u>	RENDS AT PEER NON-PROFIT INSTITUTIONS.	
Pt_VI-C, Line_19_AT	PLAS POSTS ITS FORMS 990 AND AUDITED FINANCIAL	STATEMENTS ON
<u>I</u> T	S WEBSITE. IT DOES NOT MAKE ITS GOVERNING DOC	UMENTS OR
<u></u>	NFLICT OF INTEREST POLICY AVAILABLE TO THE PUB	LIC.
PAGE ONE, ITEM B AN	AMENDED FEDERAL FOR 2010 IS BEING FILED TO CO	RRECT
PA	GE TEN, PART IX, LINE 11E and 11G, SCHEDULE I,	PART II,
<u>sc</u>	HEDUELE O, PAGE 8 PART VII SECTION B, PAGE 7 C	OLUMN F.
PAGE 2, PART III LI	NE 1. TO FOSTER PUBLIC DEMAND FOR PUBLIC POLI	CIES BASED ON SOUND
ECC	ONOMICS AND RESPECTFUL OF INDIVIDUAL LIBERTY, ATLAS DISC	COVERS, TRAINS, AND SUPPORTS
	NTELLECTUAL ENTREPRENEURS" IN THE U.S. AND WOR	LDWIDE.
T <u>H</u>	E MISSION OF ATLAS IS "TO DISCOVER, DEVELOP AN	D_SUPPORT
<u></u>	NTELLECTUAL ENTREPRENEURS" WORLDWIDE WHO CAN ADVANCE T	HE ATLAS VISION OF A SOCIETY
OF	FREE AND REPONSIBLE INDIVIDUALS. " ATLAS RUNS EDUCATIONAL	PROJECTS, TRAINING WORKSHOPS,
<u>A</u> ND	PRIZE PROGRAMS TO STRENGTHEN A WORLDWIDE NETWORK OF THINK TA	NKS AND SIMILAR ORGANIZATIONS,
<u>W</u> HI	ICH PERFORM AND PROMOTE POLICY RESEARCH IN ORDER TO IM	PROVE THE CLIMATE OF IDEAS.
PART VI, SECTION C LI	NE 17. ALABAMA, ALASKA, ARIZONA, ARKANSAS, CA	LIFORNIA, COLORADO,
<u></u>	NNECTICUT, DISTRICT OF COLUMBIA, FLORIDA, GEOR	GIA, ILLINOIS,
KAI	NSAS, KENTUCKY, LOUISIANA, MASSACHUSETTS, MARY	LAND, MICHIGAN,

Schedule <b>O</b> (Form 990 or 990-EZ) 2010  Name of the organization	Page 2 Employer identification number
ATLAS ECONOMIC RESEARCH FOUNDATION	94-2763845
MAINE, MINNESOTA, MISSISSIPPI, MISSOURI, NE	N_JERSEY, NEW_MEXICO,
NEW_YORK, NEW_HAMSHIRE, NORTH CAROLINA, NOR	TH_DAKOTA,
OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE	ISLAND, SOUTH CAROLINA,
TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WEST	VIRGINIA, WISCONSIN.
PAGE 12, PART IV LINE 5. UNREALIZED GAIN ON INVESTMENTS PLU	S_DONATED_SERVICES
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