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

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

Α	Fort	the 2006 calend	dar year, e	or tax year beginnir	ng	, 200)6, and e	ending		,		
В	Check	if applicable:	Please use	C Name of organizatio	n				D En	ıployer iden	tification Number	
	A	ddress change	IRS label	ATLAS ECONOM	IIC RESE	ARCH FOUNDATI	ION		9	4-2763	8845	
	N	lame change	or print or type.	Number and street (or P.O. box if ma	ail is not delivered to street	t addr) R	oom/suite	E Te	ephone nui	mber	
	Ir	nitial return	See specific	2000 NORTH 1	L4TH ST,	STE 550					34-6969	
	F	inal return	instruc- tions.	City, town or country	/	S	State ZIP	code + 4	F Ac	counting thod:	Cash X	Accrual
		mended return		ARLINGTON		. 7	VA 22	2201		Other (sp	ecify)	-
		pplication pending	• Section	on 501(c)(3) organia	rations and 4	1947(a)(1) nonexem	ot.	H and I are no	ot applicable to	section 527	organiza <u>tion</u> s.	
			charit	table trusts must 1 990 or 990-EZ).	kwiktag®	022 726 277	ì	H (a) Is this	a group return	for affiliates	s? Yes	X No
_	187 - I-		•					H (b) If 'Ye	s,' enter numbe	r of affiliates	, >	
G	vveb	site: ► www.	atlasu	SA.org				• •	III affiliates inclu			No
J	Orga	anization type	_	₩			1	,	o,' attach a list.		•	
		ck only one)			(insert no.)				a separate ret ization covered			\[\frac{1}{2}\].
n.						ting organization and is not required, but i			up Exemptio		- 1 103	X No
	orga	nization choose	es to file a	a return, be sure to	file a comple	te return.	ii aic				tion is not require	ad
	Gros	s receints: Add	lines 6h	8b, 9b, and 10b to	line 12 ► 4	632 964				•	, 990-EZ, or 990-P	
#3/A/0000000000	rt I					Assets or Fund	l Balar					
	1			ents, and similar am			- Daiai	1003 (00.	<u> </u>	detions		
	_						1a					
								 	526,875			
									320,013	-		
						: 1a)			· · · · · · · · · · · · · · · · · · ·			
	E	Total (add lines	ach S	4,526,875	noncash S	. ray		1		. 1e	4,526	875
	2					d contracts (from Pa						,285.
	3	_					•	•				, 205.
	4									-	***************************************	
	5									5	66	,804.
	6 <i>a</i>											70011
	b Less: rental expenses											
	c	: Net rental inc	ome or (lo	oss). Subtract line 6	b from line 6	ia		•		. 6c		
R	7	Other investm	ent incon	ne (describe	. ►)	7	vivit.	
Ë	Ω-	Gross amount	t from cal	es of assets other		(A) Securities		(B)	Other			
REVENU	O a						8a					
U	b	Less: cost or	other basi	is and sales expens	es		8b					
				e)			8 c					
	d	Net gain or (lo	oss). Com	bine line 8c, columi	ns (A) and (E	3)				. 8d		
						mount is from gami r		k here	. ▶			
	а					of contributions		ı				
										_		
					-							
						9b from line 9a			• • • • • • • • • • • • • • • • • • • •	. 9c		
								 		-		
			-					***************************************		-		
			-	• ,	•	ct line 10b from line 10a						
	11										4 620	
	12					oc, and 11					4,632,	
E	13										4,337	
P	14											565.
N	15 16										318,	,233.
EXPERSES	16 17									. 16	4 010	004
_	17 18					ne 12					4,918,	
N S	19			=		ie 1∠				18	-285,	
N S E T	20					rplanation)				20	3,253,	
'T	21					nes 18, 19, and 20					2,967,	320.
		. 101 000013 01	. a. ia baia	at one of year.	. COLLING III	10, 13, and 20				451	<u></u>	OOT.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

E	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised			· · · · · · · · · · · · · · · · · · ·		20
	funds (attach sch)					\$100 ES
	(cash \$0.					
	non-cash \$)					
	If this amount includes foreign grants, check here ▶	22a	0.	0.	100	
22 b	Other grants and allocations (att sch)		0.	· · · · · · · · · · · · · · · · · · ·		
	(cash \$ 2,639,863.				444	
	non-cash \$ 0.)					
	If this amount includes					
	foreign grants, check here ► X	22b	2,639,863.	2,639,863.		
23	Specific assistance to individuals					
	(attach schedule)	23	0.	0.		
24	Benefits paid to or for members					
	(attach schedule)	24	0.	0.		
25 a	Compensation of current officers, directors, key employees, etc listed in					
	Part V-A (attach sch) See L-25a. S.tmt	25a	306,000.	88,400.	83,600.	134,000
b	Compensation of former officers,				,	
	directors, key employees, etc listed in	051	_	0	•	
	Part V-B (attach sch)	25 b	0.	0.	0.	0
	included above to disqualified persons (as					
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
	(attach schedule)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not					
	included on lines 25a, b, and c	26	393,439.	300,304.	63,258.	29,877
27	Pension plan contributions not					
	included on lines 25a, b, and c	27	4,420.	0.	4,420.	0.
28	Employee benefits not included on					
	lines 25a - 27	-	82,751.	28,376.	54,375.	0.
29	Payroll taxes	29	52,783.	31,440.	9,891.	11,452.
30	Professional fundraising fees	30	122,102.	0.	0.	122,102.
31	Accounting fees	31	25,275.	2,165.	23,110.	0.
	Legal fees		9,158.	5,472.	3,686.	0.
33	Supplies		23,809.	21,844.	1,965.	0.
	Telephone	34	27,495.	26,339.	989.	167.
35	Postage and shipping		21,085.	18,189.	889.	2,007.
	Occupancy	36	162,412.	162,399.	13.	0.
37	Equipment rental and maintenance	37	0.	0.	0.	0.
38	Printing and publications	38 39	110,218.	105,270.	3,342.	1,606.
39 40	Travel	40	0. 528,477.	0. 518,649.	0.	0.
41	Interest	41	10,773.	9,562.	2,172. 508.	7,656.
42	Depreciation, depletion, etc (attach schedule)	41	24,930.	21,938.	1,372.	703.
	Other expenses not covered above (itemize):	72	24,330.	21,330.	1,314.	1,620.
	INSURANCE	43a	7,098.	0.	7,098.	0.
	MISCELLANEOUS	43b	15,905.	14,135.	1,594.	176.
	DUES & SUBSCRIPTIONS	43 c	17,397.	12,662.	1,118.	3,617.
	TAXES, LICENSES, PERMITS	43 d	165.	0.	165.	0.
	WEBSITE & INTERNET CONNECTION	43e	99,289.	99,289.	0.	0.
f	CONTRACT LABOR	43 f	184,975.	181,725.	0.	3,250.
g	CONSULTANCY	43 g	49,105.	49,105.	0.	0.
44	Total functional expenses. Add lines 22a					
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	4,918,924.	4,337,126.	263,565.	318,233.
	Costs. Check . If you are following			±,557,120.	200,000.	J±0,∠33.
	ny joint costs from a combined educationa			dicitation reported in (R)	Program services?	. ► Yes X No
	s,' enter (i) the aggregate amount of these				mount allocated to Progr	
\$; (iii) the amount alle					amount allocated
	ndraising \$.		J	·	, (, 0.0	

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? EDUCATIONAL All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of lients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501 (c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a REGIONAL SUPPORT PROGRAMS - ATLAS STRENGTHENED NEW AND ESTABLISHED THINK TANKS IN DIFFERENT REGIONS OF THE WORLD, THROUGH REGIONAL SUPPORT PROGRAMS THAT OFFER GRANTS, ADVISORY SERVICES, AND TRAINING OPPORTUNITIES.	,
(Grants and allocations \$ 1,662,179.) If this amount includes foreign grants, check here ► X	2 576 745
b AWARDS PROGRAMS - ATLAS ADMINISTERED AWARDS PROGRAMS THAT RECOGNIZED OUTSTANDING EDUCATIONAL WORK BY THINK TANKS, IN ORDER TO BRING MORE ATTENTION TO THE PUBLIC BENEFITS OF THESE INSTITUTES AND TO CREATE GOOD INCENTIVES FOR THE BROADER SECTOR.	2,576,745.
(Grants and allocations \$ 457,500.) If this amount includes foreign grants, check here ► X	550,891.
c ACADEMIC PROGRAMS - ATLAS'S ACADEMIC PROGRAMS PROVIDED GRANTS AND FELLOWSHIPS TO INSTITUTIONS AND SCHOLARS WHO ARE WORKING TO IMPROVE THE UNDERSTANDING OF THE WORKINGS OF A FREE AND PROSPEROUS SOCIETY.	
(Grants and allocations \$ 508,684.) If this amount includes foreign grants, check here ► X	846,907.
d EVENTS & WORKSHOPS - IN ADDITION TO THE WORKSHOPS SPONSORED IN DIFFERENT REGIONS, ATLAS HOSTED EVENTS FOCUSED ON ECONOMICS AND OTHER PUBLIC POLICY TOPICS, AS WELL AS MANAGEMENT ISSUES RELEVANT TO THE DEVELOPMENT OF NON-PROFIT RESEARCH INSTITUTES.	
(Grants and allocations \$ 11,500.) If this amount includes foreign grants, check here ► X	362,583.
e Other program services	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,337,126.

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Form 990 (2006)

No	te:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	106,719.	45	0.
	46	Savings and temporary cash investments	1,671,936.	46	1,877,517.
		a Accounts receivable	811.	47 c	116,085.
		a Pledges receivable			110,003.
		b Less: allowance for doubtful accounts	1,069,820.	48 c	598,641.
	49		2,000,020.	49	330,041.
	50	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
A		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
ASSETS	51	a Other notes and loans receivable (attach schedule)			
s		b Less: allowance for doubtful accounts		51 c	
	52	Inventories for sale or use		52	
	53		23,373.	53	5,056.
		a Investments – publicly-traded securities L+54a Stmt▶ ☐ Cost 🛛 FMV 📗	376,320.	54a	376,000.
		b Investments – other securities (attach sch)		54 b	
	55	a Investments - land, buildings, & equipment: basis 55a			
		b Less: accumulated depreciation (attach schedule)		55 c	
		Investments – other (attach schedule)		56	
	57	a Land, buildings, and equipment: basis			
		b Less: accumulated depreciation (attach schedule)L-5.7Stmt	96,127.	57 c	77,594.
	58	, , , ,			
		(describe ► DEPOSITS)	38,132.	58	40,872.
	59	Total assets (must equal line 74). Add lines 45 through 58	3,383,238.	59	3,091,765.
	60	Accounts payable and accrued expenses	66,805.	60	70,006.
.	61	Grants payable		61	
Ĭ	62	Deferred revenue		62	·
A B L	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
+		a Tax-exempt bond liabilities (attach schedule)		64a	
T E S		Mortgages and other notes payable (attach schedule)		64 b	
5	65	Other liabilities (describe ► CAPITAL LEASE)	62,912.	65	53,878.
	66	Total liabilities. Add lines 60 through 65	129,717.	66	123,884.
N E T	Org	anizations that follow SFAS 117, check here ► X and complete lines 67			
- 1	67	through 69 and lines 73 and 74. Unrestricted	040 056	67	720 005
ş	68	Temporarily restricted	848,056. 2,405,465.	67 68	738,825.
AGGETG	69	Permanently restricted	2,405,465.	69	2,229,056.
		anizations that do not follow SFAS 117, check here ► and complete lines		03	
Q R	5	70 through 74.			
FUZD	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
B A	72	Retained earnings, endowment, accumulated income, or other funds		72	
B4L4ZCHの	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	3,253,521.	73	2 067 001
รี	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	3,253,521.	74	2,967,881.
	/-	rotal navincies and net assetshalla palailees. Add illies oo and 75	3,383,238.	/4	3,091,765.

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P	art IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue instructions.)	ie per Return (See th	е
а	Total revenue, gains, and other support per audited financial statements	a 4,6	33,284.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	320.	
	2Donated services and use of facilities b2		
	3Recoveries of prior year grants		
	4Other (specify):		
	b4		
	Add lines b1 through b4	b	320.
С	Subtract line b from line a	c 4,6	32,964.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	a.	
	2Other (specify):		
	d2		
	Add lines d1 and d2		
e	Total revenue (Part I, line 12). Add lines c and d	▶ e 4,6	32,964.
P	art IV-B Reconciliation of Expenses per Audited Financial Statements with Expen	ses per Return	
а	Total expenses and losses per audited financial statements	a 4,9	18,924.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities		
	2Prior year adjustments reported on Part I, line 20		
	3Losses reported on Part I, line 20 b3		
	4Other (specify):		
	Add lines b1 through b4		
C	Subtract line b from line a	c 4,9	18,924.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b		
	2Other (specify):		
	d2		
	Add lines d1 and d2	d	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Total expenses (Part I, line 17). Add lines c and d

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
ALEJANDRO CHAFUEN				
2000 NORTH 14TH ST, STE 550				
ARLINGTON, VA 22201	PRESIDENT, CEO 40	136,000.	0.	0.
BRADLEY LIPS				
2000 NORTH 14TH ST, STE 550				
ARLINGTON, VA 22201	COO/SEC/TREASURER 40	100,000.	0.	0.
JOHN BLUNDELL				
2000 NORTH 14TH ST, STE 550				
ARLINGTON, VA 22201	VICE CHAIR 4	0.	0.	0.
TIMOTHY BROWNE				
2000 NORTH 14TH ST, STE 550				
ARLINGTON, VA 22201	DIRECTOR 1	0.	0.	0.
ALEJANDRO GARZA LAGUERA				
2000 NORTH 14TH ST, STE 550				
ARLINGTON, VA 22201	DIRECTOR 1	0.	0.	0.
See List of Officers, Etc. Statement				
DAA	TEE A010E 0	- 40.00	<u></u>	

4,918,924.

Form 990 (2006) ATLAS ECONOMIC RESEAR			94-2763	845	F	age (
Part V-A Current Officers, Directors, Tru	ıstees, and Key En	n <mark>ployees</mark> (continue	ed)		Yes	No		
75a Enter the total number of officers, directors, and trustees p	ermitted to vote on organization	on business as board meetings	s▶ <u>11</u>					
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	isated professional and gh family or business re	other independent cont	ractors listed in Schedule tach a statement that	es 75 b		X		
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'								
If 'Yes,' attach a statement that includes the in	formation described in	the instructions.						
d Does the organization have a written conflict o	f interest policy?			75 d				
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below a	or, trustee, or key emplo	ovee received compens	ation or other benefits (d	escribed be	(wol			
the instructions.)	and critici the arribant of	compensation of other	benefits in the approprie	ite columni.	366			
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allow				

Part VI Other Information (See the inst	ructions.)				Yes	No		
76 Did the organization make a change in its active If 'Yes,' attach a detailed statement of each change in the statement of e	rities or methods of con-	ducting activities?						
77 Were any changes made in the organizing or g						X		
If 'Yes,' attach a conformed copy of the change		'						
78a Did the organization have unrelated business g		or more during the year	covered by this return?.	78a		X		
b If 'Yes,' has it filed a tax return on Form 990-T		-	-					
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n. or substantial contrac	tion during the				X		
80a Is the organization related (other than by associatembership, governing bodies, trustees, office	ciation with a statewide	or nationwide organizat	ion) through common					
b If 'Yes,' enter the name of the organization ►	rs, etc, to any other exe		ai iizaliUi 1 ;	80a		X		
	and ch	eck whether it is ex	xempt or nonexem	pt.				
81 a Enter direct and indirect political expenditures.	(See line 81 instruction	s.)	81 a					

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81 b

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b Did the organization file **Form 1120-POL** for this year?

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Financial Accounts.

If 'Yes,' enter the name of the foreign country ▶

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Yes

91 b

No

X

b 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)?

See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and

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Part	VI Other Information (continu	ed)				Yes No	
c At	t any time during the calendar year, did	the organization	maintain an office o	outside of the Ur	nited States?	91 c X	
lf	'Yes,' enter the name of the foreign co	untry ►					
92 Se	ection 4947(a)(1) nonexempt charitable	trusts filing Form	990 in lieu of Forn	n 1041 - Check I	here	▶ 🗍	
ar	nd enter the amount of tax-exempt inter	est received or ac	crued during the ta	x year	▶ 92		
Part \	VIII Analysis of Income-Produc	ing Activities	(See the instru	ctions.)			
		Unrelated but	siness income	Excluded by se	ection 512, 513, or 514	/ E\	
	nter gross amounts unless se indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income	
93	Program service revenue:						
a	PROGRAM FEES	-				39,285.	
p ⁻			W-1		VI-77 # 4541-44		
C							
d_	77.741				*		
е				1,	******		
	Medicare/Medicaid payments	- was					
	Fees & contracts from government agencies						
	Membership dues and assessments					*****	
	Interest on savings & temporary cash invmnts .						
	Dividends & interest from securities			14	66,804.		
	Net rental income or (loss) from real estate:						
	debt-financed property						
	not debt-financed property						
	Net rental income or (loss) from pers prop						
99 (Other investment income						
100	Gain or (loss) from sales of assets other than inventory						
101	Net income or (loss) from special events $ \ldots [$						
102	Gross profit or (loss) from sales of inventory						
103	Other revenue: a					Service Control of the Control of th	
b_							
c _			17-71-1-0				
d_			***************************************				
e_							
	Subtotal (add columns (B), (D), and (E))				66,804.	39,285.	
105	Total (add line 104, columns (B), (D), a	nd (E))			······	106,089.	
	ne 105 plus line 1e, Part I, should equa						
	Relationship of Activities to	the Accompl	ishment of Exe	mpt Purpose	es (See the instruc	tions.)	
Line N-	of the organization's exempt purpo	ses (other than by	providing funds fo	r such purposes)).	accomplishment	
9:	3A FEES FROM PARTICIPANTS						
-	TO EDUCATE PARTICIPANT	S IN CURREN	T PUBLIC PO	LICY ISSUE	S.		
D-41	V Information Donation T	-1-1- C-11-1					
Part I							
	(A)	(B)	(C))	(D)	(E)	
	ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of a	activities	Total income	End-of-year assets	
		ક					
		ક					
	19.414.00	ક					
		8					
Part)							
	the organization, during the year, receive any fun						
	I the organization, during the year, pay			a personal benef	it contract?	. Yes 🗓 No	
Note	: If 'Yes' to (b), file Form 8870 and Fori	m 4720 (see instru	ıctions).				

Pai	rt XI	Information Regarding Transfers To ar organization is a controlling organization	nd From Controlled E	ntities. Comp on 512(b)(13)	olete only if the		N/A	
106	Dic 'Ye	I the reporting organization make any transfers to a ss,' complete the schedule below for each controlled	controlled entity as defined entity	d in section 512((b)(13) of the Code		Yes	No
·.		(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of nsfer	(I Amount o)) of trans	sfer
a								
b								
С					:			
		Totals				***************************************	***	
107	Did 'Ye	the reporting organization receive any transfers fro s,' complete the schedule below for each controlled	om a controlled entity as de entity	fined in section	512(b)(13) of the	Code? If	Yes	No
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr tra	(C) iption of nsfer	(E Amount o)) f trans	sfer
а								
b								
С								
		Totals				7.7	-	
108	Did ann	the organization have a binding written contract in uities described in question 107 above?	effect on August 17, 2006,	covering the inte	erest, rents, royalt	ies, and	Yes	No
Pleas Sign Here		Under penalties of perjury, I declare that I have examined this returne, correct, and complete. Declaration of preparer (other than off Signature of officer) Bradley A. Lips, Exec VP, COO & Type or print name and title.	770	les and statements, a which preparer has ar	and to the best of my knowledge. \$\frac{\mathcal{G}}{2} - 14 - 07\$ Date	owledge and be	lief, it is	;
Paid Pre-		Preparer's signature David C. Bualas	of CAA 5-	1	Check if self-	eparer's SSN or neral Instruction DDD 2346	PTIN (S	See
pare Use Only		Firm's name (or yours if self-employed), address, and ZIP + 4 Hendershot, Burkhardt Hendershot, Burkhardt 559 Frost Ave, Ste. 10 Warrenton	& Reed, CPAs			807239	?	
BAA							990 (2	2006)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2006

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization Employer identification number ECONOMIC RESEARCH FOUNDATION 94-2763845 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None,') (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions (e) Expense employee paid more than \$50,000 to employee benefit plans and deferred hours per week account and other devoted to position allowances compensation NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services None Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services

d Enter the total number of donor advised funds owned at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

amounts in such funds or accounts

Par	Reason for Non-Private	Foundation Status (S	see instructions.)							
cer	ify that the organization is not a private f	foundation because it is: (F	Please check only ONE appl	icable box.)		1111				
5	5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).									
6	6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)									
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).									
8	8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).									
9	A medical research organization operand state	erated in conjunction with)(A)(iii). Ent e	er the hospit	al's name, city,				
10	An organization operated for the bei	pefit of a college or univer		government	al unit. Sect	ion 170(b)(1)(A)(iv).				
11 a	An organization that normally receive Section 170(b)(1)(A)(vi). (Also compared)	res a substantial part of its plete the Support Schedul	support from a governmen e in Part IV-A.)	tal unit or fro	om the gener	al public.				
11 b	A community trust. Section 170(b)(1)(A)(vi). (Also complete th	e Support Schedule in Part	t IV-A.)						
12	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)									
13										
	requirements of section 509(a)(3). C	Check the box that describe	es the type of supporting or	ganization: >	•					
	Type I Type II Provide the	Type III-Functio	nally Integrated out the supported organize	Type III-						
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organizatio the sup organiz gover docum	pported in listed in porting ation's ning	(e) Amount of support				
	100			Yes	No					
			:							
	4444		g. 1993-1934							
********	14444					****				
otal					>					
Jiai										
14	An organization organized and opera	ated to test for public safet	y. Section 509(a)(4). (See		 					
BAA				Scho	dule A (Form	990 or 990.F7) 2006				

Schedule A (Form 990 or 990-EZ) 2006 ATLAS ECONOMIC RESEARCH FOUNDATION 94-2763845 Page 4 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year (a) 2005 (c) 2003 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 3,979,007 2,834,681 3,978,292 2,109,194 12,901,174. 16 Membership fees received . 0 0 0 0 0. 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 120,306. charitable, etc, purpose 47,847 42,577 10,593 19,289 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . 28,401 21,077 23,425 16,832 89,735. Net income from unrelated business activities not included in line 18 0 0 0 0. 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0 0. 0 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0 the public without charge . 0. 0 0. Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets

Organizations described on lines 10 or 11:	a l	Enter 2% of amount in o	column	(e), line 24	▶	26 a	259,818.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your							
return. Enter the total of all these excess amounts					▶	26b	4,926,738.
c Total support for section 509(a)(1) test: Ente	line 2	4, column (e)	<i>.</i>		►	26 c	12,990,909.
d Add: Amounts from column (e) for lines:	18 _	89,735.	19 _	0.			
	22 _		26b	4,926,738.	►	26 d	5,016,473.
e Public support (line 26c minus line 26d total)						26 e	7,974,436.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))						26 f	61.38 %

2,898,335

2,855,758

28,983.

4,012,310

4,001,717.

40,123.

2,145,315.

2,126,026.

21,453.

13,111,215.

12,990,909.

4,055,255

4,007,408

40,553

Organizations described on line 12:

Total of lines 15 through 22

Line 23 minus line 17

Enter 1% of line 23

a For amounts include name of, and total a such amounts for ea	ed in lines 15, 16, and 17 that were amounts received in each year from ach year:	received from a 'disqualified pe , each 'disqualified person.' Do	erson,' prepare a list for your not file this list with your ret	records to show the urn. Enter the sum o
(000=)	(000.4)	(2003)	(2002)	
b For any amount inc	luded in line 17 that was received fr			a list for your records

to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in(1) or (2), enter the sum of these

differences (the excess amounts) for each	year:				
(2005) (2004) _		(2003)	(2002)		
c Add: Amounts from column (e) for lines:	15	16			
17	20	21		27 c	
d Add: Line 27a total	and li	ne 27b total		27 d	
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Er	iter amount from	line 23, column (e) ▶ 27 f			
g Public support percentage (line 27e (num	erator) divided b	y line 27f (denominator))	>	27 g	8
h Investment income percentage (line 18, co	olumn (e) (nume	rator) divided by line 27f (denomina	ator)) ▶	27 h	8

24

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	. 29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	. 30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	. 31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	-		
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	. 32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		<u> </u>
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
	d Copies of all material used by the organization or on its behalf to solicit contributions?	. 32 d		100
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
22	Dead the experimental discriminate by the second state of the seco	-		
33	Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?	. 33a		
		- 33a		
	b Admissions policies?	. 33b		
	c Employment of faculty or administrative staff?	33c		
	d Scholarships or other financial assistance?	33d		
	Educational policies? f Use of facilities?	33e 33f		
	g Athletic programs?			
	h Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ı	b Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 ATLAS ECONOMIC RESEARCH FOUNDATION 94-2763845 Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A Check ► if the organization belongs to an affiliated group. if you checked 'a' and 'limited control' provisions apply. Check ► b (a) Affiliated group Limits on Lobbying Expenditures To be completed totals for all electing (The term 'expenditures' means amounts paid or incurred.) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 36 and 37)..... 38 Other exempt purpose expenditures 39 39 Total exempt purpose expenditures (add lines 38 and 39)..... 40 40 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36..... 43 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38..... 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (c) (d) (e) (or fiscal year 2006 2005 2004 2003 Total beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers Х b Paid staff or management (Include compensation in expenses reported on lines c through h.) Х Χ **d** Mailings to members, legislators, or the public Х

Χ

Χ

Х

Х

f Grants to other organizations for lobbying purposes

g Direct contact with legislators, their staffs, government officials, or a legislative body

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

i Total lobbying expenditures (add lines c through h.) If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did th	ne reporting organization of Code (other than section	directly or in 501(c)(3) c	directly engage in any of the following vrganizations) or in section 527, relating	with any other organization described to political organizations?	in section	າ 501(ດ	;)	
		-	o a noncharitable exempt organization o			Yes	No	
(i) C	ash				51 a (i)		Х	
(ii) O	ther assets				a (ii)		X	
b Other transactions:								
(i)S	ales or exchanges of asse	ets with a no	oncharitable exempt organization		b (i)		Х	
(i) Sales or exchanges of assets with a noncharitable exempt organization							X	
			r assets		b (ii) b (iii)		X	
								
					b (iv)		X	
					b (v)		X	
			p or fundraising solicitations		b (vi)		X	
c Sharii	ng of facilities, equipment	t, mailing lis	ts, other assets, or paid employees		С	ليا	X	
a if the	answer to any of the abor oods, other assets, or serv	ve is Yes, (vices aiven	complete the following schedule. Colum by the reporting organization. If the orga now in column (d) the value of the goods	in (b) should always show the fair mai anization received less than fair mark	rket value et value ii	of n		
any tr	ansaction or sharing arra	ngement, sl	now in column (d) the value of the goods	s, other assets, or services received:	ot raide ii			
(a)	(b)		(c)	(d)				
Line no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and s	haring arrar	ngements	\$	
**								
411-7								
				· · · · · · · · · · · · · · · · · · ·				
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			77977741174		10.			

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descri	organization directly or in bed in section 501(c) of the s,' complete the following	he Code (ot	liated with, or related to, one or more ta ner than section 501(c)(3)) or in section	ax-exempt organizations n 527?	► ☐ Ye	s X	No	
	(a)		(b)	(c)			•	
Name of organization			Type of organization	Description of relationship				
		,			100			

	n-ransa.							
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