## 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 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	FOIL	HE ZUUS CAIEH	uar year,	or tax year begi	ming		2008, and	enuing				,		
В	Check	if applicable:		C Name of organi	ization				1	) Emplo	yer Ide	ntification N	umber	
	ХА	ddress change	Please use IRS label	ATLAS ECO	NOMIC RESE	ARCH FOUND	NOITA			94-	276	3845		
	N	ame change	or print or type.	Number and str	reet (or P.O. box if m	ail is not delivered to s	street addr)	Room/suite	E	Teleph	one nu	mber	~~~~	
	In	nitial return	See specific	1201 L ST	REET, NW,	2ND FLOOR				(20	2)	449-84	49	
	Te	ermination	Instruc- tions.	City, town or co	ountry		State ZIP	code + 4		•				
	A	mended return		WASHINGTO	N		DC 20	005-40	19 0	Gross	receipts	s \$ 12,3	51.488	
	A	pplication pending	F Name a	and address of princip	pal officer:			H(a	) Is this a (				Yes	X N
			ALEJANDRO	CHAFUEN 1201 L S	STREET, NW, 2ND	WASHINGTON	DC 20	005 H(b	) Are all af				Yes	N
ı	Tax	k-exempt statu	s X 501	(c) (3)	(insert no.)	4947(a)(1)	or 5	27	ir No, at	tacn a list	. (see ı	nstructions)		_
J	We	bsite: ► At	lasNet	work.org				H(c	) Group ex	emption n	umber	▶		
ĸ	Туре	of organization:	X Corpora	ation Trust	Association	Other •	L Year o	f Formation:				f legal domic	ile: VA	
Pa	art I	Summa	ary							'.				
	1	Briefly descri	be the org	janization's miss	sion or most sign	nificant activities:	TO FOS	TER PUB	LIC DEM	AND FO	R PU	BLIC POI	ICIES	BASE:
ø		ON SOUND I	ECONOMI	CS AND RESP	ECTFUL OF I	NDIVIDUAL LI	BERTY,	ATLAS I	DISCOV	ERS,	TRAI	NS, AN	SUPP	ORTS
auc					<u>" INTEL</u>	LECTUAL EN	<u> PREPREI</u>	IEURS"	IN TH	Œ U.	<u>s.</u> :	AND WO	RLDWI	DE.
Activities & Governance														
90	2	Check this bo	x ►	if the organization	on discontinued	its operations or	disposed	of more th	nan 25%	of its a	ssets			
প্	3 4	Number of in	iting memi dependent	pers of the gove	rning body (Par	t VI, line 1a) ng body (Part VI,		• • • • • • • • •		• • • • • •	4	11		
ties	5											11		
Ϋ́	1 -	Total number	of volunte	ers (estimate if	necessary)					 	6	\ <del>\_</del> '		
ĕ	7a	Total gross un	related b	usiness revenue	from Part VIII,	line 12, column (	C)				7 a	1		0.
	b	Net unrelated	business	taxable income	from Form 990-	T, line 34					7 b			
								1	Pric	or Year		Cur	rent Yea	ar
Φ	8								6,	800,5	76.	6	,497,	129.
n e	9									64,2	258.			167.
Revenue						nd 7d)				88,3	21.		88,	187.
_			e (Part VII	I, column (A), lir	nes 5, 6d, 8c, 9	r 10c and 11e)						1		
	10		1.1.19									<u> </u>		
				es 8 through 11	(must equal Pa	rt VIII, column (A	), line 12)			953,1		1	,676,	
	13	Grants and si	milar amo	es 8 through 11 unts paid (Part l	(must equal Pa IX, column (A),	rt VIII, column (A lines 1-3)	), line 12)			953,1 175,0		1	,676, ,479,	
	13 14	Grants and sing Benefits paid	milar amo to or for n	ies 8 through 11 unts paid (Part I nembers (Part I)	(must equal Pa IX, column (A), X, column (A), li	rt VIII, column (A lines 1-3) ne 4)	), line 12)		2,	175,0	21.	1	,479,	238. 0.
es	13 14 15	Grants and single Benefits paid Salaries, other	milar amo to or for n r compens	ies 8 through 11 ounts paid (Part I nembers (Part I) sation, employed	(must equal Pa IX, column (A), X, column (A), li e benefits (Part	rt VIII, column (A lines 1-3) ne 4)	), line 12)  nes 5-10)		2,		21.	1		238. 0.
enses	13 14 15 16a	Grants and single Benefits paid Salaries, othe Professional f	milar amo to or for n r compens undraising	nes 8 through 11 nunts paid (Part I nembers (Part I) sation, employed g fees (Part IX, d	(must equal Pa IX, column (A), X, column (A), li e benefits (Part column (A), line	rt VIII, column (A lines 1-3) ne 4) IX, column (A), li 11e)	), line 12)  nes 5-10)		2,	175,0	21.	1	,479,	238. 0.
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<sup>7</sup>orm **990** (2008)

Form **990** (2008)

ATLAS ECONOMIC RESEARCH FOUNDATION

94-2763845

Page 2

			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	x	
2		2	X	
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		v
4		4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	. 5		
6	Did the organization maintain any donor advised funds or any 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		Х
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		х
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		x
10		10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
I	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	Х	
16	individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	Х	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Χ
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23	Х	
<b>24</b> a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and			
	complete Schedule K. If 'No, 'go to question 25	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	240		
	any tax-exempt bonds?	24c		
		24d		
	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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х

### Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		X
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
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		Х

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Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you be required to e-file this return. (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O.</i>	3b		
	a 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		Х
	b If 'Yes,' enter the name of the foreign country: ►			
_	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6	a 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 deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Ì	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		X
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		X
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from other members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ı	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A Governing Body and Management

<u> 5e</u>	ction A. Governing Body and Management			
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		Yes	No
1	a Enter the number of voting members of the governing body			
	<b>b</b> Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		Х
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		Х
4		4		Х
5	since the prior Form 990 was filed?	_		3,7
6	Does the organization have members or stockholders?	5 6		X
		-		X
	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	the following:			
	a The governing body?	8a	_X_	
	b Each committee with authority to act on behalf of the governing body?	8b	_X_	
9	a Does the organization have local chapters, branches, or affiliates?	9a		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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	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	11		х
Se	tion B. Policies			
			Yes	No
12	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
	The organization's CEO, Executive Director, or top management official?	15a	х	CONTRACTOR
	Other officers of key employees of the organization?	15b	Х	
	Describe the process in Schedule O. (see instructions)			
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
I	olf '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	164		
Sec	status with respect to such arrangements? tion C. Disclosures	16b	1	
17	List the states with which a copy of this Form 990 is required to be filed ► See States Form 990 Filed In			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availins on the states with which a copy of this form 990 is required to be fined. See States form 990 in field in the states with which a copy of this form 990 is required to be fined. See States form 990 in field in the states with which a copy of this form 990 is required to be fined. See States form 990 in field in the states with which a copy of this form 990 is required to be fined.	lable f	or pul	blic
	Indicate now you make these available. Check all that apply.      Own website			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy statements available to the public.	and f	inanci	ial
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	zation:		
	·	2) 44		449

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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 \$100,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did n	ot compens	sate a	ny o	ffice	r, d	irector	, tru	stee, or key employee				
(A)	(A) (B) (c) Name and Title Average Position (check all that apply)								(E)	(F)		
Name and Title	Average hours per week	Po andividual trustee	n slitutional trustee	(chec	a Key amployee	ap Highest compensated employee	y) 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		
		-US/FF	kustee		in in	nperisated				-		
ALEJANDRO CHAFUEN	_	 										
PRESIDENT, CEO	40.00	ļ	<u> </u>	X	X	Х		155,000.	0.	0.		
BRADLEY LIPS	_}											
EVP/SEC/COO	40.00		<u> </u>	Χ	X	X		160,000.	0.	0.		
LEONARD LIGGIO EVP/ACADEMICS	40.00			Х	Х			71,000.	0.	0.		
JO KWONG												
VP, INS RELATIONS	40.00			Х	Х	Х		100,000.	0.	0.		
TIMOTHY O. BROWNE												
DIRECTOR	2.00	Х						0.	0.	0.		
LINDA WHETSTONE												
DIRECTOR	4.00	Х						0.	0.	0.		
GEORGE PEARSON												
DIRECTOR	4.00	Х						0.	0.	0.		
CHARLES ALBERS								-				
DIRECTOR	1.00	Х						0.	0.	0.		
RENE SCULL												
DIRECTOR	2.00	Х						0.	0.	0.		
WILLIAM SUMNER												
DIRECTOR	4.00	Х			1	Ì		0.	0.	0.		
HON. CURTIN WINSOR												
DIRECTOR	4.00	Х						0.	0.	0.		
DAN GROSSMAN												
CHAIRMAN OF THE BOARD	8.00	X		l	1		l	0.	0.	0.		
JOHN BLUNDELL							ĺ					
DIRECTOR	4.00	Х						0.	0.	0.		
ANDREA RICH										77/11/20		
DIRECTOR	4.00	Х	ı		Ì			0.	0.	0.		
ABBY MOFFAT												
TREASURER	6.00	Х			_			0.	0.	0.		
										CONTROL TAKE		
										79497		

Tart the occupit Att Officers, Directors, Trus	(003, 1	,cy		Pi	27.	.03	, aı	id inglicat col	inpensated Lini	noyees (com.)
(A)	(B)	ĺ		(	c)			(D)	(E)	(F)
Name and Title	Average hours			(checl	k all	that a	apply)		Reportable	Estimated
	per week	or nd	inst	Officer	e e	eme	Former	compensation from the organization	compensation from related organizations	amount of other compensation
		lirec	Ę.	eq.	Key employee	doy	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		of E	onal		Ploy	ee con				and related organizations
	nours per week	uste.	Institutional trustee		ee	nper				J
		e	tee			Highest compensated employee				
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									12-30-00-311-30-00-00-00-00-00-00-00-00-00-00-00-00-	
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ALCOHOM SERVICE CONTROL CONTRO										100 T 100 M 100 M
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1 b Total							<b>•</b>	486,000.	0.	0.
2 Total number of individuals (including those in 1a) wi							0,000	) in reportable con	npensation from the	
organization > 2										
										Yes No
3 Did the organization list any former officer, director o	r trustee	e. ke	v er	olan	vee	. or	hiah	nest compensated	emplovee	
on line 1a? If 'Yes,' complete Schedule J for such inc	lividual									. 3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	ortable	com	pens	satio	n a	nd c	ther	compensation fro	m	
individualindividual	ан ф150 	,000 	: II 			,,,,		·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 4 X
5 Did any person listed on line 1a receive or accrue co	mnanca	tion	fron	n an	\/ LIF	arola	atad	organization for s	orvicos	
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sche	dule J f	or su	uch	pers	son.			organization for s		. 5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensated compensation from the organization.	d indepe	ende	nt c	ontra	acto	ors tl	hat ı	received more than	n \$100,000 of	
compensation from the organization.										-
<b>(A)</b> Name and business address								(B) Description of	f Conviose	(C)
Name and business address								Description o	Services	Compensation
							-	······································		
							$\dashv$			
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								***************************************		
										***************************************
2 Total number of independent contractors (including the	ose in 1	1) wl		eceiv	ved	mor	re th	an \$100 000 in		

compensation from the organization ► 0

<u> </u>	rt VIII   Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE 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 contribus included in Ins 1a-1f: \$ 96,164   h Total. Add lines 1a-1f	-			
A SERVICE REVENUE	Business Code	91,167.	91,167	. 0.	. 0.
PROGRAM	f All other program service revenue g Total. Add lines 2a-2f	91,167.			
	<ul> <li>3 Investment income (including dividends, interest and other similar amounts)</li> <li>4 Income from investment of tax-exempt bond proceeds</li> <li>5 Royalties</li> </ul>	- 32,000.	92,680	0.	0.
	(i) Real (ii) Personal  6a Gross Rents				
	7a Gross amount from sales of assets other than inventory				
OTHER REVENUE	c Gain or (loss)		-4,493.	0.	0.
	9a Gross income from gaming activities. See Part IV, line 19				
	10a Gross sales of inventory, less returns and allowances				
	Miscellaneous Revenue Business Code  11 a b c d All other revenue				
	e Total. Add lines 11a-11d		179,354.	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 com	I Dat an			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	442,701.	442,701.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	175,030.	175,030.		
3	Grants and other assistance to governments, organizations, and individuals outside the	0 061 505	0 061 505		
_	U.S. See Part IV, lines 15 and 16	2,861,507.	2,861,507.		
4		0.	0.		
5	Compensation of current officers, directors, trustees, and key employees	486,000.	243,000.	114,696.	128,304.
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	329,637.	165,720.	77,902.	86,015.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9	Other employee benefits	90,187.	29,691.	51,904.	8,592.
10	Payroll taxes	59,879.	19,714.	34,461.	5,704.
11	Fees for services (non-employees)				
	<b>a</b> Management			W77711784	
J	<b>b</b> Legal		0.	19,354.	0.
•	C Accounting	25,785.	10,126.	15,313.	346.
	<b>d</b> Lobbying				****
	e Prof fundraising svcs. See Part IV, In 17				
	f Investment management fees				
	g Other				1 TANTONISI
	Advertising and promotion		20 770	0.064	
13			30,770.	2,064.	3,446.
14	Information technology	12,488.	12,484.	۷.	2.
15 16	Occupancy	182,106.	153,906.	10,644.	17 556
17	Travel	182,100.	155,500.	10,044.	17,556.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	749,933.	732,196.	5,468.	12,269.
20	Interest				***************************************
21	Payments to affiliates				THE STATE OF THE S
22	Depreciation, depletion, and amortization	22,951.	19,862.	1,398.	1,691.
23	Insurance	15,021.	75.	14,946.	0.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	INSURANCE	0.	0.	0.	0.
Ŀ	MISCELLANEOUS	19,369.	4,754.	14,542.	73.
c	: DUES & SUBSCRIPTIONS	28,575.	24,226.	1,014.	3,335.
	TAXES, LICENSES, PERMITS	7,683.	867.	4,064.	2,752.
	WEBSITE & INTERNET CONNECTION	0.	0.	0.	0.
	All other expenses	674,596.	474,627.	11,360.	188,609.
	Total functional expenses. Add lines 1 through 24f	6,239,082.	5,401,256.	379,132.	458,694.
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form <b>990</b> (2008)

BAA

Form **990** (2008)

3b

Form 990 (2008)

Part X Balance Sheet (A) Beginning of year End of year Cash — non-interest-bearing ..... n 1 407. 2 Savings and temporary cash investments..... 1,998,921 2 1,811,127. 3 Pledges and grants receivable, net ..... 2,807,894 3 2,284,073. Accounts receivable, net ..... 4 21,167 4 56,493. Receivables from current and former officers, directors, trustees, key employees. 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L ... 6 7 Inventories for sale or use ..... 8 Prepaid expenses and deferred charges ..... 5,464. 9 19,058. 10a Land, buildings, and equipment: cost basis . . . . . . . 10a 236,896. **b** Less: accumulated depreciation. Complete Part VI of 99,987. 59,874. 10 c 136,909. 354,800 11 2,136,146. Investments – other securities. See Part IV, line 11 ..... 12 Investments – program-related. See Part IV, line 11 ..... 13 14 Intangible assets ..... 14 Other assets. See Part IV, line 11..... 34,823 15 37,834. 16 5,282,943. 16 6,482,047. 17 Accounts payable and accrued expenses ..... 40,713. 17 85,050. 18 Grants payable ..... 720,000. 0. 18 19 19 20 Tax-exempt bond liabilities ..... 20 Escrow account liability. Complete Part IV of Schedule D ..... 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 Secured mortgages and notes payable to unrelated third parties..... 23 24 Other liabilities. Complete Part X of Schedule D..... 74,673. 25 67,401. Total liabilities. Add lines 17 through 25 ..... 115,386. 872,451. Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets ..... 3,488,243. 27 2,081,637. Temporarily restricted net assets ..... 1,679,314 28 3,527,959. 29 R Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds ..... 30 BALANCES Paid-in or capital surplus, or land, building, and equipment fund..... 31 32 Retained earnings, endowment, accumulated income, or other funds ..... 32 5,167,557 33 5,609,596. 5,282,943 34 6,482,047. Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a Х 2b Χ c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit. review, or compilation of its financial statements and selection of an independent accountant? ..... 2c Χ 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single За Х

TEEA0111 12/22/08

**b** If 'Yes,' did the organization undergo the required audit or audits?.....

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### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ATLAS ECONOMIC RESEARCH FOUNDATION 94-2763845 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described X in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 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. | Type III - Functionally integrated **b** | Type II c l d l Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... 11 g (i) a family member of a person described in (i) above? ..... 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? ..... 11 q (iii) Provide the following information about the organizations the organization supports. h (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in col. (i) of (iv) Is the organization in col (vi) Is the organization in col. (i) Name of Supported (vii) Amount of Support Organization (i) listed in your governing document? (i) organized in the U.S.? (see instructions)) your support? No Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

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

	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1.)					
Sec	tion A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	2,834,681.	3,979,007.	4,882,779.	4,358,530.	6,497,129.	22,552,126.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.	0.		
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0.	0.	0.	0.	0.	0.		
4	Total. Add lines 1-3	2,834,681.	3,979,007.	4,882,779.	4,358,530.	6,497,129.	22,552,126.		
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)						7,512,181.		
	Public support. Subtract line 5 from line 4						15,039,945.		
Sec	tion B. Total Support				-934		·		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
7	Amounts from line 4	2,834,681.	3,979,007.	4,882,779.	4,358,530.	6,497,129.	22,552,126.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	21,077.	28,401.	66,804.	64,258.	92,680.	273,220.		
9	Net income form 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 form the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10						22,825,346.		
12	Gross receipts from related activi	ties, etc. (see inst	tructions)			12	T-1-12-1		
	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	)		
	tion C. Computation of Pul								
	Public support percentage for 200 Public support percentage for 200	•	•				65.89 <b>%</b> 57.49 <b>%</b>		
16 a	33-1/3 support test — 2008. If the and stop here. The organization of	organization did qualifies as a publ	not check the box icly supported org	on line 13, and t	he line 14 is 33-1/	3 % or more, che	ck this box		
b	and stop here. The organization qualifies as a publicly supported organization.  b 33-1/3 support test — 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
17 a	10%-facts-and-circumstances terms or more, and if the organization in the organization meets the 'facts-	neets the 'facts∙ar	nd-circumstances'	test, check this be	ox and <b>stop here.</b>	Explain in Part IV	how		
	10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and	neets the 'facts-ar -circumstances' t	nd-circumstances' est. The organiza	test, check this bo ation qualifies as a	ox and <b>stop here.</b> a publicly supporte	Explain in Part IV d organization	how the		
18	Private foundation. If the organiz	ation did not chec	k a box on line, 1	3, 16a, 16b, 17a,	or 17b, check this	box and see instr	ructions ►		

### 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.) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')... Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose ..... Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . . . . . . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ....... The value of services or facilities furnished by a governmental unit to the organization without charge ... 6 Total. Add lines 1-5 ..... 7a Amounts included on lines 1, 2, 3 received from disqualified persons . **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000. c Add lines 7a and 7b ...... Public support (Subtract line 7c from line 6.) ....... Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 . . . . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources . . . . . . . **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . c Add lines 10a and 10b . . . . . Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on ...... 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.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . Section C. Computation of Public Support Percentage 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g ..... % Section D. Computation of Investment Income Percentage 17 % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h ...... % 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization..... b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....

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

Schedule A	(Form 99	90 or 99	0-EZ) 20	800	ATLAS	ECOI	OIMON	RE	SEAR	CH	FOUN	DATIC	N		94-2	7638	45		Page 4
Schedule A Part IV	Supple Part II,	e <mark>ment</mark> a line 1	<b>al Infor</b> 7a or	<b>matic</b> 17b; c	<b>on.</b> Con or Part	nplete III, lir	this ne 12.	part Pro	to pr vide a	ovid any	e the other	explai additi	nation onal ir	requi nforma	red by	y Part (see	: II, lin instru	e 10; ctions)	)
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# SCHEDULE D (Form 990)

Name of the organization

### **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

ATLAS ECONOMIC RESEARCH FOUNDATION 94-2763845

Pa	organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other Similar Form 990, Part IV, line 6.	r Funds or Accounts Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2			
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono funds are the organization's property, subject to	r advisors in writing that the assets held the organization's exclusive legal contro	in donor advised
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the impormissible private hanglit?	e benefit of the donor or donor advisor o	r other
Pa	impermissible private benefit??  rt II Conservation Easements Complete	e if the organization answered "	Yes' to Form 990 Part IV line 7
1			103 10 1 01111 330, 1 411 17, 11110 7.
٠	Preservation of land for public use (e.g., red	` ` _ '' *'	ation of an historically important land area
	Protection of natural habitat	· · · · · ·	ation of certified historic structure
	Preservation of open space		ation of certifica historic structure
2		qualified conservation contribution in the	form of a conservation easement on the last day
_	of the tax year.	quantied conservation contribution in the	Torri of a conservation easement on the last day
			Held at the End of the Year
ā	a Total number of conservation easements		2a
ı	b Total acreage restricted by conservation easeme	ents	2b
•	Number of conservation easements on a certifie	d historic structure included in (a)	2c
	d Number of conservation easements included in	(c) acquired after 8/17/06	2d
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or terr	ninated by the organization during the taxable
	year ►		
4	Number of states where property subject to cons	ervation easement is located -	
5	Does the organization have a written policy regarenforcement of the conservation easement it ho	rding the periodic monitoring, inspection ds?	, violations, and
6	Staff or volunteer hours devoted to monitoring, i	nspecting, and enforcing easements duri	ng the year ►
7	Amount of expenses incurred in monitoring, insp		
8	Does each conservation easement reported on I 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements o	of section Yes No
9	In Part XIV, describe how the organization repor include, if applicable, the text of the footnote to conservation easements.	ts conservation easements in its revenu the organization's financial statements th	e and expense statement, and balance sheet, and hat describes the organization's accounting for
Pai	t III Organizations Maintaining Collec	tions of Art. Historical Treasure	s. or Other Similar Assets
	Complete if the organization answ	ered 'Yes' to Form 990, Part IV,	line 8.
1 a	a If the organization elected, as permitted under S treasures, or other similar assets held for public the text of the footnote to its financial statement	exhibition, education, or research in furt	tement and balance sheet works of art, historical herance of public service, provide, in Part XIV,
t	If the organization elected, as permitted under S treasures, or other similar assets held for public amounts relating to these items:	exhibition, education, or research in furt	herance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII, lin		777770000000000000000000000000000000000
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, amounts required to be reported under SFAS 11	6 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		

ž

Part III Organizations Maintai	ning Colle	ctions	of Art, Hist	orica	l Treasures, o	r Other	Similar Ass	ets (co	ontinu	леd)
Using the organization's accession that apply):	and other re	cords, o	check any of th	e follo	wing that are a sig	nificant ι	se of its collec	tion iten	ns (che	ck all
a Public exhibition	a Public exhibition d Loan or exchange programs									
<b>b</b> Scholarly research			e Other	·						
c Preservation for future genera	tions									
4 Provide a description of the organ Part XIV.	ization's colle	ctions a	nd explain how	v they	further the organiz	zation's ex	kempt purpose	in		
5 During the year, did the organizati assets to be sold to raise funds ra										No
Part IV Trust, Escrow and Cus IV, line 9, or reported a	stodial Arr an amount	angen on Fo	i <b>ents</b> Comp rm 990, Par	lete i t X,	f organization line 21.	answer	ed 'Yes' to F	orm 9	90, P	art
1a Is the organization an agent, trustorincluded on Form 990, Part X?		<i></i>	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	r assets i	not	Yes	[	No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIV an	id comp	lete the following	ng tab	le:	Γ				
								Amount		
<b>c</b> Beginning balance							:			
<b>d</b> Additions during the year										wee.
e Distributions during the year		• • • • • • •				<u>1e</u>				<b></b>
f Ending balance										
2a Did the organization include an an	nount on Forn	n 990, F	art X, line 21?					Yes	L	No
<b>b</b> If 'Yes,' explain the arrangement in						_				
Part V Endowment Funds Con	nplete if or	ganizą	<u>ition answer</u>	'ed '\	es' to Form 99	<u>90, Part</u>	IV, line 10.			
	(a) Current y	/ear	(b) Prior yea	ır	(c) Two years back	(d)	Three years back	(e) F	our year	s back
1 a Beginning of year balance						1000	4.			
<b>b</b> Contributions										
c Investment earnings or losses							6.0			
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
<b>g</b> End of year balance							1000			
2 Provide the estimated percentage	of the year er	nd balar	ce held as:							
a Board designated or quasi-endown	nent ►		8							
<b>b</b> Permanent endowment ▶	 १									
c Term endowment ►										
3a Are there endowment funds not in organization by:	the possession	on of the	e organization t	that ar	e held and admini	stered for	the		Yes	No
(i) unrelated organizations						· · · · · · · · · ·		3a(i)		
(ii) related organizations							. <i>.</i>	3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related org	ganizations lis	sted as	equired on Sch	nedule	R?			3b		
4 Describe in Part XIV the intended to	uses of the or	ganizati	on's endowme	nt fun	ds.					
Part VI Investments-Land, Bu	ildings, ar	ıd Equ	<b>ipment.</b> See	e For	m 990, Part X,	line 10				
Description of investment			or other basis estment)		Cost or other pasis (other)	<b>(c)</b> De <sub>l</sub>	oreciation	( <b>d)</b> B	ook Va	ilue
1a Land										
<b>b</b> Buildings										
c Leasehold improvements	<u></u>									
<b>d</b> Equipment					236,896.		99,987.		136.	,909.
<b>e</b> Other	F									
Total. Add lines 1a-1e (Column (d) should		1 990. P	art X, column (	B), lir	ne 10(c).)				136.	909.
BAA								ıle <b>D</b> (Fo		

Schedule **D** (Form 990) 2008

Part VII Investments—Other Securities See Fo  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	
Financial derivatives and other financial products		Cost or end-of-year market value	
Closely-held equity interests	Primario		
Other		77.79.1	
	***************************************		
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments-Program Related (See F	orm 990, Part X,	line 13)	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
100000000000000000000000000000000000000		Cost or end-of-year market value	
	37-77-78-7		****
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Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.) ► Part IX Other Assets (See Form 990, Part X, Ii	no 15)		
(a) Des		(IN Daylor)	
DEPOSITS	cription	<b>(b)</b> Book value	
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		57,6.	<u>54.</u>
	1811		
14 d d d d d d d d d d d d d d d d d d d			
The state of the s		PROPAGATION CONTRACTOR	
		100	
Total. Column (b) Total (should equal Form 990, Part X, col.(E	2) lino 15)	27.05	
Part X Other Liabilities (See Form 990, Part X		▶   37,83	34.
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
ACCRUED EXPENSES	45,24	15.	
CAPITAL LEASES	22,15		
Makada a da da a a a a a a a a a a a a a			
otal. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	67,40	11	

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.

Schedule D (Form 990) 2008 ATLAS ECONOMIC RESEARCH FOUNDATION	94-2763845	Page 5
Schedule D (Form 990) 2008 ATLAS ECONOMIC RESEARCH FOUNDATION  Part XIV   Supplemental Information (continued)		
	·	
	·	

### Schedule F (Form 990)

### Statement of Activities Outside the United States

► Attach to Form 990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No. 1545-0047 2008 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

94-2763845

ATLAS ECONOMIC RESEARCH FOUNDATION General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	No
---	--	----

3 Activities per Region. (Use (a) Region	(b) Number of	(c) Number of		(2) 16 2-11 11 11 11 11	<b>10</b> =
(a) Region	offices in the region	employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures in region
Sub-Saharan Africa	0	0	GRANTS TO RECIPIENTS	ECONOMIC EDUCATION	10,600
East Asia and Pacific	0	0	GRANTS TO RECIPIENTS	ECONOMIC EDUCATION	44,500
North America	0	0	GRANTS TO RECIPIENTS	ECONOMIC EDUCATION	3,450
Europe	0	0	GRANTS TO RECIPIENTS	ECONOMIC EDUCATION	150,284
South America	0	0	GRANTS TO RECIPIENTS	ECONOMIC EDUCATION	59,538
Middle East	0	0	GRANTS TO RECIPIENTS	ECONOMIC EDUCATION	7,500
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Γotals ▶	o	0			275,872.

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

Schedule F (Form 990) (2008)

		ECONOMIC RESEA					94-276		Page 2
Part II	Grants and Other Assistar Form 990, Part IV, line 15, Use Schedule F-1 (Form 9	for any recipient	who received m	Outside the U ore than \$5,0	nited States. C 000. Check this	Complete if the box if no one	organization ar recipient receiv	nswered 'Yes' to ed more than \$9	ŏ,000 ►□
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan Africa	ECONOMIC EDUCATI	154,229.	CHECK	0.	0	FMV
			East Asia and Pacifi	ECONOMIC EDUCATI	192,025.	CHECK	0.	0	FMV
			Europe	ECONOMIC EDUCATI	1,022,332.	СНЕСК	0.	0	FMV
			Central America	ECONOMIC EDUCATI	885,299.	СНЕСК	0.	0	FMV
			Middle East	ECONOMIC EDUCATI	206,750.	CHECK	0.	0	FMV
			North America	ECONOMIC EDUCATI	125,000.	CHECK	0.	0	FMV
100									
	And the second s				(A. a. b.				
					**				
2 E	nter total number of organizations th	at are recognized as o	charities by the forei	gn country or for	which the grantee	or counsel has pr	ovided a section 50	1(c)(3)	

2	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	<b>-</b>
	Enter total number of other organizations or entities	

BAA

Schedule **F** (Form 990) 2008

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

(a) Type of grant or assistance	(b) Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ECONOMIC EDUCATION	Sub-Saharan Africa	15	10,600.	CHECK			
ECONOMIC EDUCATION	East Asia and Pacific	20	44,500.	CHECK	THE RESIDENCE OF THE PERSON OF		
ECONOMIC EDUCATION	Europe	4	150,284.	CHECK			
ECONOMIC EDUCATION	South America	40	3,450.	CHECK			
ECONOMIC EDUCATION	Middle East	52	7,500.	CHECK			
ECONOMIC EDUCATION	North America	7	59,538.	CHECK			
						WALLES OF	
			The second section is a second section of the second section of the second section sec				
			11 2000		7.00.000.000		
						WIDOMAN.	
AND THE STATE OF T							
RAA							

		IIC RESEARCH F	OUNDATION	94	-2763845	Page 4
Part IV Supplemental						
Complete this par	t to provide the infor	mation required in Par	t I, line 2, and any other	additional informa	ation.	
Pt I Line 2	ATLAS RELIES	ON THE GRANT	S COMMITTEE OF	ITS BOARD O	F	
	DIRECTORS TO	PROVIDE OVER	SIGHT OF THE WO	RK ATLAS ST	AFF	
	IN ESTABLISHIN	G THE ELIGILITY A	AND APPROPRIATENES:	S OF CANDIDATE	ES FOR GRANTS W	TTHIN THE
	ATLAS PROGRAMS.	ATLAS SUPPORTS (A)	ORGANIZATIONS THAT O	PERATE AS NON-P	ROFIT RESEARCH I	NSTITUTES,
	(B) "INTELLECT	UAL ENTREPRENEUR	S <u>EMBARKING ON THE</u>	CREATION OF	SUCH ORGANIZAT	IONS, AND
	(C) SCHOLARS WOL	RKING IN FIELDS OF	INTELLECTUAL INQUIR	Y RELEVANT TO	ATLAS PROGRAMS.	GRANTEES
	RECEIVING \$5,0	000 OR MORE FROM A	ATLAS MUST PROVIDE	REPORTS REGA	RDING THE USE	OF FUNDS,
	EXCEPT FOR THOSE II	NSTANCES IN WHICH ATL	AS'S GRANTS REPRESENT P	RIZES TO RECOGNI	ZE OUTSTANDING WOR	K (ALREADY
	COMPLETED OR	ONGOING) IN F	ELDS OF ENDEAVO	R CENTRAL TO	O THE ATLAS 1	MISSION.
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			. – – – – – – – – – – – – – – – – – – –			

# SCHEDULE ! (Form 990)

# Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Name of the organization						Employer identific	ation number
ATLAS ECONOMIC RESEARCH FO						94-276384	:5
Part I General Information on G	irants and Assis	stance					
<ol> <li>Does the organization maintain recor the selection criteria used to award the Describe in Part IV the organization's</li> </ol>	he grants or assistar s procedures for mor	nce?	ant funds in the United S	tates.		•••••	X Yes No
Part II Grants and Other Assista	ance to Governn	nents and Organ	izations in the Unite	ed States. Comple	te if the organizat	ion answered 'Ye	es' on Form
990, Part IV, line 21 for a	ny recipient that	received more t	han \$5,000. Check	this box if no one	ecipient received	more than \$5,00	0. Use
Part IV and Schedule I-1	<u>(Form 990) if ad</u>	<u>ditional space is</u>	needed				
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CENTER FOR CIVIC 3636 CEMETARY RD							
HILLARD OH 43026	31-1789501	501(C)3	10,500.				ECONOMIC EDUCA
BLUEGRASS INSTITUTE FOR P 400 E MAIN ST, #306							
BOWLING GREEN KY 42101	11-3691843	501(C)3	105,000.				ECONOMIC EDUCA
CENTER FOR VISION AND VAL GROVE CITY COLLEGE, BOX 3							
GROVE CITY PA 16127	25-1065148	501(C)3	6,000.				ECONOMIC EDUCA
DEEP SPRING INTERNATIONAL PO BOX 135							
TOWNVILLE PA 16360	20-5036775	501(C)3	10,500.				ECONOMIC EDUCA
GEORGE MASON LAW & ECONOM 3301 FAIRFAX DR							
ARLINGTON VA 22201	54-1603842	501(C)3	62,000.				ECONOMIC EDUCA
GEORGE MASON UNIVERSITY ECON JOURNAL WATCH,	-						
FAIRFAX VA 22030	94-2763845	501(C)3	50,446.				ECONOMIC EDUCA
GOLDWATER INSTITUTE 500 EAST CORONADO RD							
PHOENIX AZ 85004	86-0597661	501(C)3	10,500.				ECONOMIC EDUCA
HISPANIC AMERICAN CTR FOR 1201 L ST, NW							
WASHINGTON DC 20005	54-1901356	501(C)3	15,000.				ECONOMIC EDUCA
<ul><li>2 Enter total number of section 501(c)(</li><li>3 Enter total number of other organizat</li></ul>							
DAA Fau Dubraara Astrond Day L. D. J.							

### SCHEDULE I-1 (Form 990)

### Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

ATLAS ECONOMIC RESEARCH FOUNDATION

Employer identification number 94 – 2763845

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code 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	
INDEPENDENT INSTITUTE						-	-	
100 SWAN WAY								
OAKLAND CA 94621	94-3008370	501(C)3	5,500.				ECONOMIC EDUCA	
JUST FACTS FOUNDATION								
184 COLUMBIA TURNPIKE, ST								
FLORHAM PARK NJ 07932	20-8725168	501(C)3	5,500.				ECONOMIC EDUCA	
MERCATUS CENTER INC								
3301 FAIRFAX DR, #450								
ARLINGTON VA 22201	54-1436224	501(C)3	10,000.				ECONOMIC EDUCA	
NORTH DAKOTA POLICY COUNC								
80 YEGAN PL								
BISMARCK ND 58504	20-8862761	501 (C) 3	7,500.				ECONOMIC EDUCA	
OCEAN STATE POLICY RESEAR							2001,01110 32001	
PO BOX 2401								
PROVIDENCE RI 02906	26-0731822	501 (C) 3	10,450.				ECONOMIC EDUCA	
POLITICAL THEORY PROJECT							Beowerite Booch	
DEPT OF POL SCIENCE, BOX								
PROVIDENCE RI 02912	05-0258809	501(C)3	10,500.				ECONOMIC EDUCA	
PROMETHEUS INSTITUTE			*****				BEONOMIC EDOCA	
818 S GRAND AVE, STE 202								
LOS ANGELES CA 90017	20-3558542	501(C)3	20,850.				ECONOMIC EDUCA	
PUBLIC POLICY FOUNDATION							ECONOMIC EDUCA	
PO BOX 1118								
MORGANTOWN WV 26507	20-5955827	501 (C) 3	16,056.				ECONOMIC EDUCA	
REASON FOUNDATION							ECONOMIC EDUCA	
3415 S SEPULVEDA BLVD, ST								
	95-3298239	501 (C) 3	10,000.				ECONOMIC EDUCA	
2 Enter total number of Section 501(c)				1	1	<b>•</b>	PECONOMIC EDUCA	
3 Enter total number of other organization	ions					<b>&gt;</b>		

# SCHEDULE I-1 (Form 990)

### Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

Open to Public Inspection

Employer identification number ATLAS ECONOMIC RESEARCH FOUNDATION 94-2763845 Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) (a) Name and address of organization or (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of (f) Method of (q) Description of (h) Purpose of government if applicable non-cash assistance grant valuation (book, non-cash grant or FMV, appraisal, assistance assistance other) RHODES COLLEGE 2000 NORTH PARKWAY MEMPHIS TN 38111 62-0476301 501(C)3 6,000 ECONOMIC EDUCA SHOW-ME INST FOR PUBLIC P 7777 BONHOMME AVE, STE 21 ST LOUIS MO 63105 20-1957878 501(C)3 10,000 ECONOMIC EDUCA THE MATTHEW RYAN PROJECT 805 BROWER RD WAYNE PA 19087 41-2169151 501(C)3 6,000 ECONOMIC EDUCA UNIV OF RICHMOND-ADAM SMI 28 WESTHAMPTON WAY RICHMOND VA 23173 54-0505965 501(C)3 10,000 ACADEMIC EDUCA 2 Enter total number of Section 501(c)(3) and government organizations ...... 3 Enter total number of other organizations .....

Part III Grants and Other Assistance to	MIC RESEARCH FOL	Indation			94-2763845 Page
Part III Grants and Other Assistance to Use Schedule I-1 (Form 990) if	additional space is r	onited States. Cor needed.	nplete if the organ	lization answered 'Yes	on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PRIZES	3	11,239.	0.	N/A	N/A
RESEARCH FELLOWSHIPS	13	116,960.	0.	N/A	N/A
TRAVEL GRANTS	29	46,831.	0.	N/A	N/A
					The state of the s
					- A BANKAUL
Part IV   Supplemental Information. Cor	nplete this part to pr	ovide the informat	ion required in Pa	rt I, line 2, and any ot	her additional information.
Pt I Line 2 ATLAS RELIES ON TO	HE GRANTS COMMITTEE OF	ITS BOARD OF DIRECTO	ORS TO PROVIDE OVERS	SIGHT OF THE WORK OF ATLA	S STAFF IN ESTABLISHING THE ELIGIBILIT
Pt I Line 2 AND APPROPRIATENES	SS OF CANDIDATES FOR GRA	NTS WITHIN ATLAS PROG	RAMS. ATLAS SUPPORTS	S (A) ORGANIZATIONS THAT O	PERATE AS NON-PROFIT RESEARCH INSTITUTES
Pt I Line 2 (B) "INTELLECTUA	AL ENTREPRENEURS" EMB	ARKING ON THE CREAT	TION OF SUCH ORGANI	ZATIONS, AND (C) SCHOL	ARS WORKING ON FIELDS OF INTELLECTUA
Pt I Line 2 INQUIRY RELEVAN	T TO ATLAS PROGRAMS.	GRANTEES RECEIVIN	IG \$5,000 OR MORE F	ROM ATLAS MUST PROVIDE	E REPORTS REGARDING THE USE OF FUNDS
Pt I Line 2 EXCEPT FOR THOSE INSTA	ANCES IN WHICH ATLAS'S GRANT	S REPRESENT PRIZES TO REC	OGNIZE OUTSTANDING WORK	(ALREADY COMPLETE OR ONGOING)	IN FIELD OF ENDEAVOR CENTRAL TO THE ATLAS MISSION

### SCHEDULE J (Form 990)

### **Compensation Information**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization
ATLAS ECONOMIC RESEARCH FOUNDATION

contingent on the revenues of:

contingent on the net earnings of:

If 'Yes' to line 5a or 5b, describe in Part III.

If 'Yes' to line 6a or 6b, describe in Part III.

Part I Questions Regarding Compensation

Employer identification number

94-2763845

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. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) **b** If line 1a is 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..... 1b 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 Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Х 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: a Receive a severance payment or change of control payment? ..... Х 4ь Х 4 c Х If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation

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

a The organization? .....

**b** Any related organization?....

**b** Any related organization?.....

Schedule J (Form 990) 2008

5b

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X

X

X

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

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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation	compensation	benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i)	150 <u>,</u> 000.	<u>5,000.</u>	0.	0.	0.	155,000.	145,000
ALEJANDRO CHAFU		0.	0.	0.	0.	0.	0.	
	(i) L	135,000.	<u>_25,000.</u> _	0.	0.	0.	160,000.	119,200
BRADLEY LIPS	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
1-1	(ii)							
	(0)							
	(ii)							
	(i)   .							
	(ii)							
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W100.1	(ii)							
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	(i)							
	(ii)							

Schedule J (Form 990) 2008 ATLAS ECONOMIC RESEARCH FOUNDATION	94-2763845	Page 3
Part III Supplemental Information		
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, this part for any additional information.	1b, 4c, 5a, 5b, 6a, 6b, 7, and 8.	Also complete
	7 - 13 - 13 - 13 - 13 - 13 - 13 - 13 - 1	
BAA		
DON.	Sc	hedule J (Form 990) 2008

### SCHEDULE M (Form 990)

### **Non-Cash Contributions**

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2008

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) Check if applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues		
1	Art–Works of art						
2	Art-Historical treasures	***************************************					
3	Art–Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes				,		
8	Intellectual property						
9	Securities-Publicly traded	***************************************		***************************************			
10	Securities-Closely held stock			7.11141111111			
11	Securities—Partnership, LLC, or trust interests						
12	Securities-Miscellaneous			***	77-74-16-76-76-76-76-76-76-76-76-76-76-76-76-76		
13	Qualified conservation contribution (historic structures)						
14	Qualified conservation contribution (other)	****************					
15	Real estate-Residential						
16	Real estate—Commercial				11 11 11 11 11 11 11 11 11 11 11 11 11		
17	Real estate-Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (OFFICE FURNITURE )		1	96,164.	FAIR MARKET VALUE		
26	Other ► ()						
27	Other ▶ ()						
28	Other ► ( )		NA-IS-LOCAL AL-				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement						
30 a	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?						
	o 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?						
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?						
b	If 'Yes,' describe in Part II.						
33	f the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.						

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

Schedule M (Form 990) 2008

Schedule M (Form 990)	2008 ATLAS ECONOM	IC RESEARCH	FOUNDATION	94-2763845	Page 2
Part II Supplement and 33. Als	tal Information. Compo complete this part f	olete this part to or any additiona	provide the information I information.	required by Part I, lines 30b, 3	32b,
			· — — — — — — — — — — — — — — — — — — —		
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# SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number

ATLAS ECONOMIC RE	SEARCH FOUNDATION	94-2763845
Pt XI, Line 2c	THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT REV	/IEWS
	THE AUDIT PRIOR TO ITS APPROVAL. THE AUDIT COM	41TTEE
	ALSO SELECTS THE INDEPENDENT AUDITOR.	
Pt_VI-A,_Line_10	THE 990 IS REVIEWED BY THE AUDIT COMMITTEE PRIOR	R TO SUBMISSION
	TO THE IRS. THE AUDIT COMMITTEE HAS BEEN DELEGA	ATED
	THIS AUTHORITY BY THE ORGANIZATION'S GOVERNING E	BODY.
Pt VI-C, Line 19	THE ORGANIZATION'S 990 AND OTHER GOVERNING DOCUM	IENTS
	ARE MADE AVAILABLE VIA ITS OWN WEBSITE.	
Pt VI-B, Line 12c	OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUI	RED TO
	ANNUALLY SIGN STATEMENTS DISCLOSING CONFLICTS OF	INTEREST.
Pt VI-B, Line 15	ATLAS HAS A COMPENSATION COMMITTEE THAT IS COMPO	SED OF
	INDEPENDENT BOARD MEMBERS. DECISIONS OF THE COM	MITTEE
	ARE BASED ON COMPARATIVE ANALYSIS OF COMPENSATION	<u>N</u>
	LEVELS AND TRENDS AT PEER NON-PROFIT ORGANIZATIO	<u>NS.</u>
	·	
		·
		·