Form **990**

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2021 calendar year, or tax year beginning and endi	ing		
B C	heck if pplicable:	C Name of organization		D Employer identific	cation number
	Address	Atlas Economic Research Foundation			
	Name change	Doing business as Atlas Network		94-27638	45
\sqsubseteq	Initial return	Hamber and burder (**	m/suite	E Telephone number	
L	Final return/	4075 Wilson Blvd 310	0	(202) 44	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	18,340,889.
	Amende return	Allington, VA 22205		H(a) Is this a group re	tum
	Applica-			for subordinates	? Yes X No
	pending	same as C above		H(b) Are all subordinates in	cluded? Yes No
		mpt status: X 501(c)(3)	527	If "No," attach a	list. See instructions
J۷	Vebsite	x: ▶ www.atlasnetwork.org		H(c) Group exemption	
K F	orm of c	organization: X Corporation Trust Association Other	L Year o	of formation: 1981 N	State of legal domicile: DE
Pa		Summary			
0	1 E	Briefly describe the organization's mission or most significant activities: Atlas 1	Netw	ork increas	es global
ğ	I	prosperity by strengthening a network of in	ndep	endent part	ner
rua		Check this box Full if the organization discontinued its operations or disposed of			sets.
ove		Number of voting members of the governing body (Part VI, line 1a)			12
Ö		Number of independent voting members of the governing body (Part VI, line 1b)			12
S		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			45
Ĭ		otal number of volunteers (estimate if necessary)			0
Activities & Governance		otal unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, Part I, line 11		The same of	0.
				Prior Year	Current Year
m	8 (Contributions and grants (Part VIII, line 1h)		15,163,761.	17,626,501.
Revenue		Program service revenue (Part VIII, line 2g)		25,596.	109,548.
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		57,781.	77,045.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,053.	497,150.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,258,191.	18,310,244.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,972,537.	6,140,515.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ທ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,713,019.	4,422,104.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b 7	Total fundraising expenses (Part IX, column (D), line 25)			
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,010,546.	6,539,953.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,696,102.	17,102,572.
		Revenue less expenses. Subtract line 18 from line 12		2,562,089.	1,207,672.
or es		10701100 1000 07-40-1000 000-1000 1000 1000 1000 1000 10		ginning of Current Year	End of Year
sets or alances	20 1	Fotal assets (Part X, line 16)		15,450,264.	17,184,038.
Ass	21 7	Fotal liabilities (Part X, line 16)		1,600,299.	2,196,736.
Pund B	22 1	Net assets or fund balances. Subtract line 21 from line 20	🗀	13,849,965.	14,987,302.
	art II	Signature Block			
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and	d statem	ents, and to the best of m	knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	has any knowledge.	
		136m		5/20	1/22
Sig	n	Signature of officer		Date	1
Her	1	▶ Bradley A. Lips, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	Jie Chen, CPA / Men Mc	0	5/19/22 if self-employe	P01049760
Pre	parer	Firm's name Rogers & Company PL/LC			58-2676261
	Only	Firm's address 8300 Boone Boulevard, Suite 600			
		Vienna, VA 22182		Phone no. (7	03) 893-0300
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 (2021)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation



Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Atlas Network increases global prosperity by strengthening a network
	of independent partner organizations that promote individual freedom
	and are committed to identifying and removing barriers to human
	flourishing.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 10,498,334. including grants of \$ 6,076,250.) (Revenue \$ 109,548.)
	COMPETE - Atlas Network offers grant and prize competitions that fuel
	our partners' efforts to develop, innovate, and succeed.
4b	(Code:) (Expenses \$ 979,891 · including grants of \$ 55,265 ·) (Revenue \$)
	COACH - Atlas Network provides world-class seminars, workshops,
	mentoring, and other learning opportunities that inspire
	professionalism and build community among our independent partners.
4c	(Code:) (Expenses \$ 3,521,491. including grants of \$ 9,000.) (Revenue \$)
	CELEBRATE - Atlas Network fosters camaraderie and stokes ambitions
	among our partners by celebrating their greatest accomplishments
	through events and media outreach.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 14,999,716.
	Form 990 (2021)

			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	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, serve as a custodian for			
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. 10		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا , ,	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

	rt IV Checklist of Required Schedules (continued)	0 = 3	<u> </u>	age '
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	21		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
	(gambling) winnings to prize winners?	1c	Х	

O21) Atlas Economic Research Foundation
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
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 2a 45		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		₩
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		Х
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD.		
, а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from 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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	IJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

Atlas Economic Research Foundation Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent _____ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? . .

р	if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►AK, AL, AR, CA, CT, FL, GA, IL, KY, ME, MI, MI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records > Bradley A. Lips - (202) 449-8449

4075 Wilson Blvd, 310, Arlington, VA 22203

Form 990 (2021)

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

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

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

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

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

See the instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	/		Posi	ition	1		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	than is bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e e	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		yoldı	st con yee	L	1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) Bradley A. Lips	40.00	_	_							
CEO		1		х				375,604.	0.	48,255.
(2) Chad Goote	40.00									
VP of Development						Х		336,662.	0.	14,456.
(3) Matt C. Warner	40.00									
President				Х				297,759.	0.	35,415.
(4) Thomas G. Palmer	40.00									
Executive VP				Х				286,838.	0.	18,413.
(5) Lyall J. Swim	40.00								_	
C00				Х				215,364.	0.	35,792.
(6) Katherine Price	40.00								_	
VP of Operations, Secretary of the b				Х				142,089.	0.	34,747.
(7) Romulo Lopez	40.00									
Director of Finance	4.0.00					Х		137,932.	0.	34,677.
(8) Patty Hohlbein	40.00							140 500	•	16 000
VP of Atlas Network Academy	40.00					Х		142,723.	0.	16,028.
(9) Christopher J Kinnan	40.00							120 200	•	01 506
Director of Information Systems	40.00					Х		130,320.	0.	21,786.
(10) Amanda Ashworth	40.00	-				,,		105 107	0	2 244
VP of Marketing	0 00					Х		125,187.	0.	2,344.
(11) Debbi Gibbs	8.00	. ,		, I					0.	0
Chairwoman	4.00	Х		Х				0.	0.	0.
(12) Scott Barbee	4.00	X		х				0.	0.	0.
Vice Chair and Treasurer (13) Lawson Bader	4.00	^		^				0.	0.	0.
Board Member	4.00	X						0.	0.	0.
(14) Luis Henrique Ball	4.00	^						0.	0.	0.
Board Member	4.00	X						0.	0.	0.
(15) Tom Beach	4.00	<u> </u>			\vdash	\vdash			0.	<u> </u>
Board Member		X						0.	0.	0.
(16) Robert Boyd	4.00				\vdash			0.	0.	<u> </u>
Board Member	1.00	x						0.	0.	0.
(17) Montgomery Brown	4.00	ᢡ								
		x	1	1	l	l	l	0.	0.	0.

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		ገ e than	one	Reportable	Reportable	,	Es	stimate	ed
	hours per	box	, unle	ss pe	erson	is bo	th an	compensation	compensation			nount	of
	week (list any		1	I	1	1	1	from	from related			other	tion
	hours for	director				_		the organization	organization (W-2/1099-MIS			pensa om the	
	related	9e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	truste	al trus		yee	mper		1099-NEC)	.5555,		·	d relat	
	below	Individual trustee or	Institutional trustee	 	mplo	est co	e. e.	,				anizatio	
	line)	Indiv	Instit	Officer	Key employee	High	Former						
(18) Jean-Claude Gruffat	4.00												
Board Member		Х						0.		0.			0.
(19) Linda Edwards	4.00												
Board Member		Х						0.		0.			0.
(20) Nikolaos Monoyios	4.00												
Board Member		Х						0.		0.			0.
(21) Parth Shah	4.00												
Board Member		Х						0.		0.			0.
(22) Kathy Washburn	4.00												
Board Member		Х						0.		0.			0.
(23) Dan Grossmann	4.00												
Board Member		Х						0.		0.			0.
(24) Linda Whetstone (Deceased)	4.00												
Board Member		X						0.		0.			0.
(25) Gerry Ohrstrom	4.00												
Board Member		X						0.		0.			0.
(26) Joe Lehman	4.00							_		_			_
Board Member		Х						0.		0.			0.
1b Subtotal								2,190,478.		0.	26	1,9	
c Total from continuation sheets to Part \	/II, Section A							0.		0.	0.5	4 0	0.
d Total (add lines 1b and 1c)							<u> </u>	2,190,478.		0.	26	1,9	13.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho re	eceived more than \$100	0,000 of reportab	ole			
compensation from the organization													10
										r		Yes	No
3 Did the organization list any former office			•		•		_		•				
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15										Г	4	Х	
5 Did any person listed on line 1a receive or	•					•		ted organization or indiv	idual for services	٤			
rendered to the organization? If "Yes," con	mplete Schedui	e J t	for s	uch	per	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest c		-								npens	ation f	from	
the organization. Report compensation fo	r the calendar y	ear	endi	ing v	with	or w	/ithir I		year.				
(A) Name and busines	e addreee							(B) Description of s	services	_	Omne:)) nsatio	n
Roberto Salinas. Bernard		2 Tr	<u> </u>	501	<u> </u>		\dashv	Description of	DEI VICES	<u> </u>	ompe	i isaliUl	
NUMBER LO DATELLAS. DEFINATO	O OULLIII.	TII	a :	ノフリ	U					4			

Name and business address

Roberto Salinas, Bernardo Quintana 590
(25D), La Loma Santa Fe, Mexico City,
Axel Kayser, Alonso de Monroy 2730 Apt.
503, Vitacura, CHILE

Description of services

Compensation

150,000.

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

Form **990** (2021)

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
					lanotion revenue	business revenue	sections 512 - 514
nts its	1 a	Federated campaigns 1a					
irar		Membership dues 1b					
Ę,		Fundraising events 1c					
a it		d Related organizations 1d					
s, G		Government grants (contributions)					
ö		All other contributions, gifts, grants, and					
but		similar amounts not included above 11	17,626,501.				
ÖĒ		Noncash contributions included in lines 1a-1f	18,133.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		17,626,501.			
			Business Code	, ,			
o l	2 :	Registrations	900099	108,926.	108,926.		
Ş		Publications	900099	622.	622.		
Program Service Revenue					-		
E &							
Pg		·					
Pr	1	All other program service revenue					
		g Total. Add lines 2a-2f		109,548.			
	3	Investment income (including dividends, inter		, , , , , , , , , , , , , , , , , , ,			
	_	other similar amounts)		78,987.			78,987.
	4	Income from investment of tax-exempt bond		, , , , , , , , , , , , , , , , , , ,			,
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 :	a Gross rents 6a	.,				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 28,703	<u> </u>				
	ŀ	Less: cost or other basis					
e Re		and sales expenses 7b 28,226	2,419.				
ther Revenue	,	Gain or (loss) 7c 477					
Re		d Net gain or (loss)		-1,942.			-1,942.
ē		a Gross income from fundraising events (not		,			,
₹	•	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	•				
		Gross income from gaming activities. See					
		Part IV, line 19					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	•				
		a Gross sales of inventory, less returns					
		and allowances 10a	<u> </u>				
	ŀ	Less: cost of goods sold 10k					
		Net income or (loss) from sales of inventory					
		,	Business Code				
Miscellaneous Revenue	11 a	Cares Credit	900099	474,193.			474,193.
ane		Refunds/rebates	900099	22,957.			22,957.
e el	(
Ais	(All other revenue					
~		Total. Add lines 11a-11d		497,150.			
	12	Total revenue. See instructions		18,310,244.	109,548.	0.	574,195.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

3601	ion 501(c)(3) and 501(c)(4) organizations must com			implete Column (A).	
_	Check if Schedule O contains a respon		/= \	(C) I	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	986,113.	986,113.		
2	Grants and other assistance to domestic	4.5.000	4.5.000		
	individuals. See Part IV, line 22	16,293.	16,293.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	- 100 100			
	individuals. See Part IV, lines 15 and 16	5,138,109.	5,138,109.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 100 005	0.60 4.04	011 601	24.0 5.42
	trustees, and key employees	1,490,275.	968,131.	211,601.	310,543.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 111 056	4 566 005	242 462	500 600
7	Other salaries and wages	2,411,956.	1,566,885.	342,468.	502,603.
8	Pension plan accruals and contributions (include	F4 004	25 432	- C	11 060
	section 401(k) and 403(b) employer contributions)	54,081.	35,133.	7,679.	11,269.
9	Other employee benefits	242,284.	157,395.	34,402.	50,487.
10	Payroll taxes	223,508.	145,198.	31,735.	46,575.
11	Fees for services (nonemployees):				
а	Management	26 054	24 452	700	1 772
	Legal	36,954.	34,453.	728.	1,773.
	Accounting	32,521.		32,521.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	860,733.	801,145.	17,348.	42,240.
	column (A), amount, list line 11g expenses on Sch O.)	710,076.	679,735.	7,076.	23,265.
12	Advertising and promotion	299,141.	246,262.	19,288.	33,591.
13	Office expenses	696,356.	564,552.	47,999.	83,805.
14	Information technology	0,00,000	304,332.	¥1,555.	03,003.
15	Royalties	394,595.	349,506.	16,973.	28,116.
16	Occupancy	381,277.	364,315.	668.	16,294.
17	Travel	301,2176	304,313.	000.	10,254
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	2,949,425.	2,818,145.	5,169.	126,111.
19 20	Conferences, conventions, and meetings Interest	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,	3,203.	
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	109,344.	104,951.	1,654.	2,739.
23	Insurance	16,324.	3,945.	12,180.	199.
23 24	Other expenses. Itemize expenses not covered	==7,5==1	2,72231	==,===	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Dues/subscriptions	30,390.	12,517.	647.	17,226.
b	Other	15,767.	4,029.	1,264.	10,474.
C	License/permits	4,658.	1,919.	99.	2,640.
d	Taxes	2,392.	985.	51.	1,356.
е	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	17,102,572.	14,999,716.	791,550.	1,311,306.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
	0 10 00 01				Form 990 (2021)

Pa	πX	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,279,810.	1	2,076,989
	2	Savings and temporary cash investments		6,809,860.	2	8,377,088
	3	Pledges and grants receivable, net		6,195,910.	3	5,372,925
	4	Accounts receivable, net		37,668.	4	16,471
	5	Loans and other receivables from any current or former officer, dire				
		trustee, key employee, creator or founder, substantial contributor,				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as de				
		under section 4958(f)(1)), and persons described in section 4958(c)			6	
S.	7	Notes and loans receivable, net	_		7	
Assets	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges		413,405.	9	421,548
	l	Land, buildings, and equipment: cost or other				
			08,898.			
	Ь		33,465.	595,172.	10c	575,433
	11	Investments - publicly traded securities		12,793.	11	2,947
	12	Investments - other securities. See Part IV, line 11	_	•	12	· · · · · · · · · · · · · · · · · · ·
	13	Investments - program-related. See Part IV, line 11	_		13	
	14	Intangible assets		43,630.	14	278,621
	15	Other assets. See Part IV, line 11	_	62,016.	15	62,016
	16	Total assets. Add lines 1 through 15 (must equal line 33)		15,450,264.	16	17,184,038
	17	Accounts payable and accrued expenses		238,106.	17	617,909
	18	Grants payable		592,832.	18	872,105
	19	Deferred revenue		•	19	·
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule			21	
ý	22	Loans and other payables to any current or former officer, director,				
<u>=</u>		trustee, key employee, creator or founder, substantial contributor,				
Liabilities					22	
Ë	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties	_		24	
	25	Other liabilities (including federal income tax, payables to related the				
		parties, and other liabilities not included on lines 17-24). Complete				
		of Schedule D		769,361.	25	706,722
	26	Total liabilities. Add lines 17 through 25		1,600,299.	26	2,196,736
		Organizations that follow FASB ASC 958, check here ▶ X				
Ses		and complete lines 27, 28, 32, and 33.				
ä	27	Net assets without donor restrictions		4,349,785.	27	4,630,783
Ra	28	Net assets with donor restrictions	_	9,500,180.	28	10,356,519
2		Organizations that do not follow FASB ASC 958, check here				· ·
2		and complete lines 29 through 33.	_			
S O	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other fund			31	
ét	32	Total net assets or fund balances	_	13,849,965.	32	14,987,302
_	33	Total liabilities and net assets/fund balances		15,450,264.	33	17,184,038

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	18,3 17,1 1,2 13,8	L02 207 349	2,5' 7,6' 9,9	72. 72.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
<u> </u>	column (B))	10	14,9	987	, 3	02.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			<u> </u>
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		- <u>2</u>	2a	Yes	No X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2	2b	Х	
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2	2c	x	
За	If the organization changed either its oversight process or selection process during the tax year, explain on ScI As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	nedule O.		Ba		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	Bb	200 (

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Atlas Economic Research Foundation 94-2763845 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 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 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support	5 iiotod bolow, pica	oo complete i art i	,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 4011	(W) 2010	(U) 2018	(4) 2020	(6) 4041	(i) iOlai
'	membership fees received. (Do not						
	include any "unusual grants.")	9,994,567.	15,319,187.	15,037,833.	15,163,761.	17,626,501.	73,141,849.
9	Tax revenues levied for the organ-	2,231,337.	10,010,107.	20,000,000.	,,,,,,,,	27,520,501.	, , , , , , , , , , , , , , , , , , , ,
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9,994,567.	15,319,187.	15,037,833.	15,163,761.	17,626,501.	73,141,849.
	The portion of total contributions	, , ,	, ,	, , ,	, , ,	, , ,	, , -
Ū	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)						27,220,035.
6	Public support. Subtract line 5 from line 4.						45,921,814.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	9,994,567.	15,319,187.	15,037,833.	15,163,761.	17,626,501.	73,141,849.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	19,111.	55,469.	98,205.	73,079.	78,987.	324,851.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	250.	58,884.	9,000.	11,053.	497,150.	576,337.
11	Total support. Add lines 7 through 10						74,043,037.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	480,661.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section s	501(c)(3)	
_	organization, check this box and stop						>
	ction C. Computation of Publ						60.00
	Public support percentage for 2021 (14	62.02 %
	Public support percentage from 2020					15	66.36 %
16a	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the fact				•	VI how the organiz	ation
	meets the facts-and-circumstances to	-		*	-		
b	10% -facts-and-circumstances tes	ū				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ				• • •		>
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶Ш

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4							
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
7 6	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(-) 0017	(h) 0010	/s) 0010	(4) 0000	(=) 0001	(6) Tatal
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
'''	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		ion,
-		is Orange and De					<u></u>
	ction C. Computation of Publ			. (2)		11	
	Public support percentage for 2021 (15	<u>%</u>
	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inve					1 1	
17	Investment income percentage for 20					17	<u>%</u>
18						18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	▶Ш

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	5b 5c		
	30		
	6		
	7		
	,		
	8		
	9a		
	Oh		
	9b		
	9с		
	10a		
	401		
dula	10b A (Forr	n 000	2021
uuie	~ 1000	230	2021

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	prization, describe now the powers to appoint and/or remove officers, directors, or trustees were allocated among the ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	-		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		<i>y</i> 11 0 0		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
_		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2021 ACTAS ECOHOMIC RESEATCH	ı rou	ildat 1011	74-2/03043 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections A through E.	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

6

OCIT	date A (1 0111 350) 2021		= = :
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ed)	
Sect	ion D - Distributions	•	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Schedule B (Form 990) (2021)

At	tias Economic Research Foundation	94-2/03043
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, are the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) I, line 1. Complete Parts I and II.	nd that received from any one
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, so onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6) instead of the contributor name and address), II, and III.	eientific,
year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from seculusively for religious, charitable, etc., purposes, but no such contributions totaled manere the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization Employer identification number

Atlas Economic Research Foundation

94-2763845

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$4,097,049.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,750,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,283,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	* 600,000	Person X Payroll

Name of organization Employer identification number

Atlas Economic Research Foundation

94-2763845

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 597,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 570,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 450,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$\$ <u>450,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$375,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Atlas Economic Research Foundation

94-2763845

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	

Employer identification number Name of organization 94-2763845 Atlas Economic Research Foundation Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Atlas Economic Research Foundation

Employer identification number 94-2763845

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	f a historically impo	rtant land area
	Protection of natural habitat	Preservation of	f a certified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form		
	day of the tax year.			at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization durir	ng the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements in			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easemen	ts during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements du	ring the year
_	> \$. () (() (D) ()	
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	·		- 41
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes	s tne
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections o	f Δrt Historical Treasures or C	ther Similar A	seets
. u	Complete if the organization answered "Yes" on Form		tiror ommar 70	50010.
	If the organization elected, as permitted under FASB ASC 95		and halance sheet	works
ıa	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its fina			
h	If the organization elected, as permitted under FASB ASC 95			ke of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	combiner, education, or rescaren in fair	riciance of public s	civioc,
			▶ ¢	
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
~	the following amounts required to be reported under FASB A		ai gaiii, piovide	
•	Revenue included on Form 990, Part VIII, line 1		▶ \$	
a	Assets included in Form 900 Part Y		🗸 🧸	

_		conomic Re							6384		age 2
Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Other	Similar	Asse	ts (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at make sig	gnificant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizati	on's exem	pt purpose	in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or oth	er similar a	assets		7		,
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered	"Yes" on F	orm 990, P	art IV,	line 9, or	•	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								7		1
	on Form 990, Part X?							🖳	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:					A		
									Amoun		
	Beginning balance										
	Additions during the year										
_	Distributions during the year										
† ∩-	Ending balance							_	Yes	$\overline{}$	N.
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII.										│ No │
Pai											
	Z T Z T Z T Z T Z T Z T Z T Z T Z T Z T	(a) Current year		Prior year			h) Three years	s back	(e) Four	vears	back
12	Beginning of year balance	(a) cancert year	(-)	,	(0)	(4	-,		(-)	,	
	Contributions										
c	Net investment earnings, gains, and losses										
q	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre		e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment	•	%								
	Permanent endowment	%	_								
С	Term endowment ▶ 9	6									
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	nd administe	ered for the	e organizati	on	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI _ Land, Buildings, and Equipm										
	Complete if the organization answered	1		1	ı						
	Description of property	(a) Cost or o			or other	. ,	cumulated		(d) Boo	k value	Э
		basis (investr	nent)	basis	(other)	depr	eciation	_			
	Land										
	Buildings				- 200		40 050		4 17	7 ~	4.0
	Leasehold improvements				5,398.		48,056			7,3	
d	Equipment			T 8	3,500.		85,409	<u> </u>	9	8,0	9 1 •
_	Othor	1						1			

Schedule D (Form 990) 2021

575,433.

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

Schedule D (Form 990) 2021 ACLAS ECOHOL	ile Research	FOUNDACION .	94-2703043 Page 3
Part VII Investments - Other Securities.	on Form 000 Port IV lin	o 11b Coo Form 000 Dort V line 10	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1) Financial derivatives	(a) Book value	(c) memora en validation. Cest en	ond or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		_	
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. lin	e 11d. See Form 990. Part X. line 15.	
	escription	5 11d. 555 1 5111 555, 1 dit X, iii 6 15.	(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) Deferred rent and lease in	gontino		706,722.
(-7	icentive		100,122.
(3)			
(4)			
(5)			
<u>(6)</u>			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		▶ 706,722.
, , , , , , , , , , , , , , , , , , , ,	,		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Par	τ χι	Reconciliation of Revenue per Audited Financial Stateme	nts Witi	n Revenue per R	eturi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				10 620 681
1		revenue, gains, and other support per audited financial statements			1	18,632,671.
2		unts included on line 1 but not on Form 990, Part VIII, line 12:		E0 225		
а		nrealized gains (losses) on investments	2a	-70,335.		
b		ted services and use of facilities		397,569.		
С		veries of prior year grants				
d		r (Describe in Part XIII.)				227 224
е		ines 2a through 2d			2e	327,234.
3		ract line 2e from line 1			3	18,305,437.
4		unts included on Form 990, Part VIII, line 12, but not on line 1:				
а		tment expenses not included on Form 990, Part VIII, line 7b		4 000		
b	Othe	r (Describe in Part XIII.)		4,807.		4 007
С		ines 4a and 4b			4c	4,807.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	18,310,244.
Pai	t XII	Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per	Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	15 405 224
1	Total	expenses and losses per audited financial statements			1	17,495,334.
2		unts included on line 1 but not on Form 990, Part IX, line 25:		205 560		
а		ted services and use of facilities		397,569.		
b		year adjustments				
С		rlosses				
		r (Describe in Part XIII.)				225 562
е		ines 2a through 2d			2e	397,569.
3	Subti	ract line 2e from line 1			3	17,097,765.
4		unts included on Form 990, Part IX, line 25, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b				
b	Othe	r (Describe in Part XIII.)	4b	4,807.		
		ines 4a and 4b			4c	4,807.
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	17,102,572.
		Supplemental Information.				
		edescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			4; Part	t X, line 2; Part XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional info	rmation.		
D	_ L 3	7 7 1 - 0				
Pai	ב ב	K, Line 2:				
.					.	
Mar	nage	ement has evaluated the Organization's t	ax p	ositions an	a c	oncluded
L 1						
tna	וד ד	the financial statements do not include	any	uncertain t	ax	positions.
Das	۰ + ۲	T line 4h Other Adjustments.				
rai	. L Z	II, Line 4b - Other Adjustments:				
Фаз	. ~	efund				4,807.
1 0 2	7 16	er una				4,007.
Dar	^+ 3	XII, Line 4b - Other Adjustments:				
1 41	. C 2	it, line 40 Other Adjustments.				
Tas	ζ re	efund				4,807.
						=,0076

Schedule D	(Form 990) 2021	Atlas	Economic	Research	Foundation	94-2763845 Page 5
Part XIII	(Form 990) 2021 Supplemental Infor	mation (co	ntinued)			
		•	·			
-						
-						

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

Name of the organization

Employer identification number

Atlas Economic Research Foundation

94-2763845

Par	t I	General Infor	rmation on A	ctivities Ou	tside the United States. Comple	te if the organization answered '	'Yes" on
		Form 990, Part IV	/, line 14b.				
					ds to substantiate the amount of its gra		
	the g	rantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance? X	Yes No
_	-		other to Deat Vale				4-1-1-41
2	_		ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance ou	tside the
•		d States.	le e fellessie e Dest	. I. line O telele e			
3		ties per Region. (11 1) Region	(b) Number of		an be duplicated if additional space is n (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	(0	i) Hegion	offices	`employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
			in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and investments
				contractors in the region	recipients located in the region)	of service(s) in the region	in the region
				in the region			+
Nort	h Ame	erica -			Grants to recipients		
Cana	da ar	nd Mexico	0	0	located in region		389,522.
							<u> </u>
Russ	ia ar	nđ			Grants to recipients		
Neig	hbori	ng States	0	0	located in region		143,775.
					Grants to recipients		
Sout	h Ame	erica	0	0	located in region		1,741,931.
~					Grants to recipients		050 205
Sout	h Asi	.a	0	0	located in region		858,397.
East	Asia	a and the			Grants to recipients		
Paci			0	0	located in region		312,750.
					5		
Euro	pe (1	Including			Grants to recipients		
Icel	and 8	Greenland)	0	0	located in region		806,036.
					Grants to recipients		
Sub-	Sahar	an Africa	0	0	located in region		362,530.
Cant	ral 7	America and			Grants to recipients		
	rar r Carik		0		located in region		142,100.
	Subto	4-1	0				4,757,041.
		from continuation	<u> </u>				=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b		s to Part I	0	o			381,068.
С		s (add lines 3a					
J	and 3	·	0	o			5,138,109.
	۵	,		· · · · · · · · · · · · · · · · · · ·			

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

Schedule F (Form 990) 2021

Part I Continuatio	n of Activitie	s per Regio	1.(Schedule F (Form 990), Part I, line 3)	<u> </u>
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Grants to recipients		301 060
North Airica	0	0	located in region		381,068.
Totals					381,068.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America						
		and the Caribbean						
		- Antigua &						
		Barbuda, Aruba,	Economic Education	61,500.	Wire	0.		
		Central America						
		and the Caribbean						
		- Antigua &						
		Barbuda, Aruba,	Economic Education	57,600.	Wire	0.		
		Central America						
		and the Caribbean						
		- Antigua &						
		Barbuda, Aruba,	Economic Education	17,000.	Wire	0.		
		East Asia and the						
		Pacific -						
		Australia,						
		Brunei, Burma,	Economic Education	12,750.	Wire	0.		
		East Asia and the						
		Pacific -						
		Australia,						
		Brunei, Burma,	Economic Education	199,000.	Wire	0.		
		East Asia and the						
		Pacific -						
		Australia,						
		Brunei, Burma,	Economic Education	17,000.	Wire	0.		
		East Asia and the						
		Pacific -						
		Australia,						
		Brunei, Burma,	Economic Education	16,500.	Wire	0.		
		East Asia and the						
		Pacific -						
		Australia,						
		Brunei, Burma,	Economic Education	9,000.	Wire	0.		

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

Schedule F (Form 990) 2021

116

Schedule F (Form 990) 2021

Part II Continuation			rations or Entities Outside the			03043	1)	Page 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagian	(d) Purpose of grant	(e) 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)
		East Asia and the						
		Pacific -						
		Australia,						
		Brunei, Burma,	Economic Education	40,000.	Wire	0.		
		East Asia and the						
		Pacific -						
		Australia,						
		Brunei, Burma,	Economic Education	18,500.	Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	6,000.	Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	20,000.	Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	109,250.	Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	22,775.	Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	10,000.	Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	15,000.	Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	27,500.	Wire	0.		

132182 04-01-21

chedule F (Form 990)			search Foundati			63845		Page
	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) 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, FM appraisal, other)
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	6,980.	Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	7,500.	Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	12,000.	Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	58,738.	Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	25,000.	Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	15,000.	Wire	0.		
		Europe (Including		<u> </u>				
		Iceland &						
		Greenland) -						
		Albania Andorra	Economic Education	55,000.	Wire	0.		
	1	Europe (Including		, -		-		
		Iceland &						
		Greenland) -						
		· ·	Economic Education	15,000.	 Wire	0.		
		Europe (Including						+
		Iceland &						
		Greenland) -						
			Economic Education	15,000.	Wire	0.		

36

Schedule F (Form 990)	ALIAS	ECOHOMIC Ke	search Foundaci	.011	34-41	03043		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) 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, FM appraisal, other)
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	8,000.	.Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	20,000.	.Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	10,000.	.Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	10,000.	,Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	94,500.	,Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	5,600.	.Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	7,500.	.Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	10,000.	.Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	10,000.	.Wire	0.		

132182 04-01-21

Schedule F (Form 990)			search Foundati			03043	`	Page
		Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9			1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) 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, FN appraisal, other)
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	112,000.	Wire	0.		
		Europe (Including						
		Iceland &						
		Greenland) -						
		Albania, Andorra,	Economic Education	35,000.	Wire	0.		
		Middle East and						
		North Africa -						
		Algeria, Bahrain,						
		Djibouti, Egypt,	Economic Education	50,000.	Wire	0.		
		Middle East and						
		North Africa -						
		Algeria, Bahrain,						
		Djibouti, Egypt,	Economic Education	105,000.	Wire	0.		
		Middle East and						
		North Africa -						
		Algeria, Bahrain,						
		Djibouti, Egypt,	Economic Education	176,068.	Wire	0.		
		Middle East and						
		North Africa -						
		Algeria, Bahrain,						
		Djibouti, Egypt,	Economic Education	20,000.	Wire	0.		
		Middle East and						
		North Africa -						
		Algeria, Bahrain,						
		Djibouti, Egypt,	Economic Education	30,000.	Wire	0.		
		North America -						
		Canada and						
		Mexico, but not						
			Economic Education	63,000.	Wire	0.		
		North America -						
		Canada and						
		Mexico, but not						
			Economic Education	30,000.	Wire	0.		

Part II Continuation of			ations or Entities Outside the			03043	1)	Page 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		North America -						
		Canada and						
		Mexico, but not						
		the United States	Economic Education	92,203.	Wire	0.		
		North America -						
		Canada and						
		Mexico, but not						
		the United States	Economic Education	100,000.	Wire	0.		
		North America -						
		Canada and						
		Mexico, but not						
		the United States	Economic Education	20,000.	Wire	0.		
		North America -						
		Canada and						
		Mexico, but not						
		the United States	Economic Education	35,000.	Wire	0.		
		North America -						
		Canada and						
		Mexico, but not						
		the United States	Economic Education	45,000.	Wire	0.		
		Russia and						
		Neighboring						
		States - Armenia,						
		Azerbijan,	Economic Education	12,400.	Wire	0.		
		Russia and						
		Neighboring						
		States - Armenia,						
		Azerbijan,	Economic Education	20,000.	Wire	0.		
		Russia and						
		Neighboring						
		States - Armenia,						
		Azerbijan,	Economic Education	9,900.	Wire	0.		
		Russia and						
		Neighboring						
		States - Armenia,						
		Azerbijan,	Economic Education	11,900.	Wire	0.		

Schedule F (Form 990)	ACIAS	BCOHOMIC Re	search Foundaci	.011	94-47	03043		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) 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, FM' appraisal, other)
		Russia and						
		Neighboring						
		States - Armenia,						
		Azerbijan,	Economic Education	11,415.	Wire	0.		
		Russia and						
		Neighboring						
		States - Armenia,						
		Azerbijan,	Economic Education	20,000.	Wire	0.		
		Russia and						
		Neighboring						
		States - Armenia,						
		Azerbijan,	Economic Education	18,750.	Wire	0.		
		Russia and						
		Neighboring						
		States - Armenia,						
		Azerbijan,	Economic Education	9,410.	Wire	0.		
		Russia and						
		Neighboring						
		States - Armenia,						
		Azerbijan,	Economic Education	10,000.	Wire	0.		
		Russia and						
		Neighboring						
		States - Armenia,						
		Azerbijan,	Economic Education	15,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	18,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	123,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	26,000.	Wire	0.		

Schedule F (Form 990)			esearch Foundati		94-27			Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) 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)
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	50,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	10,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	55,655.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	50,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	10,800.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,		50.000				
	_	Chile, Columbia,	Economic Education	50,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,	D	305 000	17.1			
		Chile, Columbia,	Economic Education	385,080.	wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,	Egonomia Education	12,500.	Wire	0.		
	1	Chile, Columbia, South America -	Economic Education	12,500.	MITE	U .		+
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	30,000.	 Wire	0.		
		CITTLE, COLUMNIA,	ECONOMIC Education	1 30,000.	MITTE	U .		

Schedule F (Form 990)	ACIAS	BCOHOMIC Re	search Foundaci	.011	94-41	03043		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) 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, FM' appraisal, other)
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	28,278.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	60,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	120,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	49,710.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	21,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	14,500.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	20,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	35,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	70,000.	Wire	0.		

Part II Continuation of			ations or Entities Outside the			990) Part II line 1	1)	Page A
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	20,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	60,000.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	7,200.	Wire	0.		
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	150,000.	Wire	0.		
		South America -		,				
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	15,000.	Wire	0.		
		South America -		,				
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	97,000.	Wire	0.		
		South America -		,				
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	51,500.	Wire	0.		
		South America -		,				
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	15,000.	 Wire	0.		
		South America -		, ,				
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	8,500.	 Wire	0.		

Schedule F (Form 990)	ALIAS	ECOHOMIC Re	search Foundaci	.011	34-41	03043		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) 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, FM' appraisal, other)
		South America -						
		Argentina,						
		Bolivia, Brazil,						
		Chile, Columbia,	Economic Education	30,000.	.Wire	0.		
		South Asia -						
		Afghanistan,						
		Bangladesh,						
		Bhutan, India,	Economic Education	95,000.	.Wire	0.		
		South Asia -						
		Afghanistan,						
		Bangladesh,						
		Bhutan, India,	Economic Education	78,686.	,Wire	0.		
		South Asia -						
		Afghanistan,						
		Bangladesh,						
		Bhutan, India,	Economic Education	9,372.	,Wire	0.		
		South Asia -						
		Afghanistan,						
		Bangladesh,						
		Bhutan, India,	Economic Education	492,809.	.Wire	0.		
		South Asia -						
		Afghanistan,						
		Bangladesh,						
		Bhutan, India,	Economic Education	37,500.	,Wire	0.		
		South Asia -						
		Afghanistan,						
		Bangladesh,						
		Bhutan, India,	Economic Education	7,530.	,Wire	0.		
		South Asia -						
		Afghanistan,						
		Bangladesh,						
		Bhutan, India,	Economic Education	15,000.	Wire	0.		
		South Asia -						
		Afghanistan,						
		Bangladesh,						
		Bhutan, India,	Economic Education	16,000.	,Wire	0.		

criedule F (Form 990)			bcarch roundact			03043		Page
Part II Continuation of	of Grants and Other	Assistance to Organiz	zations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) 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, F appraisal, other
		South Asia -						
		Afghanistan,						
		Bangladesh,						
		Bhutan, India,	Economic Education	15,000.	Wire	0.		
		South Asia -						
		Afghanistan,						
		Bangladesh,						
		Bhutan, India,	Economic Education	40,000.	Wire	0.		
		South Asia -						
		Afghanistan,						
		Bangladesh,						
		Bhutan, India,	Economic Education	38,000.	Wire	0.		
		Sub-Saharan						
		Africa - Angola,						
		Benin, Botswana,						
		Burkina Faso,	Economic Education	8,344.	Wire	0.		
		Sub-Saharan						
		Africa - Angola,						
		Benin, Botswana,				_		
		Burkina Faso,	Economic Education	21,000	Wire	0.		
		Sub-Saharan						
		Africa - Angola,						
		Benin, Botswana,	Baanamia Education	97 506	tri	0.		
		Burkina Faso, Sub-Saharan	Economic Education	87,596.	wire	0.		
		Africa - Angola,						
		Benin, Botswana,						
		Burkina Faso,	Economic Education	8,000.	Wire	0.		
		Sub-Saharan	Economic Education	0,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• •		
		Africa - Angola,						
		Benin, Botswana,						
		Burkina Faso,	Economic Education	15,500.	 Wire	0.		
		Sub-Saharan		1 25,530		, ,		
		Africa - Angola,						
		Benin, Botswana,						
		Burkina Faso,	Economic Education	87,500.	Wire	0.		
				, ,	1			

Part II Continuation			ations or Entities Outside the		(Schedule F (Form 9		1)	Page A
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		Sub-Saharan						
		Africa - Angola,						
		Benin, Botswana,						
		Burkina Faso,	Economic Education	7,500.	Wire	0.		
		Sub-Saharan		, -				
		Africa - Angola,						
		Benin, Botswana,						
		Burkina Faso,	Economic Education	26,000.	Wire	0.		
		Sub-Saharan		,				
		Africa - Angola,						
		Benin, Botswana,						
		Burkina Faso,	Economic Education	15,500.	Wire	0.		
		Sub-Saharan		,				
		Africa - Angola,						
		Benin, Botswana,						
		Burkina Faso,	Economic Education	15,000.	Wire	0.		
		Sub-Saharan						
		Africa - Angola,						
		Benin, Botswana,						
		Burkina Faso,	Economic Education	5,310.	Wire	0.		
		Sub-Saharan						
		Africa - Angola,						
		Benin, Botswana,						
		Burkina Faso,	Economic Education	17,500.	Wire	0.		
		Sub-Saharan						
		Africa - Angola,						
		Benin, Botswana,						
		Burkina Faso,	Economic Education	9,500.	Wire	0.		

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (f) Amount of (g) Description of (h) Method of (e) Manner of (a) Type of grant or assistance (b) Region valuation (book, FMV, appraisal, other) recipients cash grant cash disbursement noncash noncash assistance assistance Economic education South America 976.Wire 0 Europe (Including Iceland & Economic education Greenland) 13,263.Wire 0 Economic Education North America 3,319.Wire 0. Russia and Neighboring Economic Education States 500.Wire 0. Sub-Saharan Africa Economic Education 6,000.Wire 0.

94-2763845

Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Par	^+	Т	Line	2	
rai	٠.	т,	птие	4	٠

Atlas relies on the Grant Committee of its Board of Directors to provide
oversight of the work of Atlas staff in establishing the eligibility and
appropriateness of candidates for grants within Atlas programs. Atlas
supports (A) organizations that operate as non-profit research
institutes, (B) "intellectual entrepreneurs" embarking on the creation of
such organizations, and (C) scholars working in fields of intellectual
inquiry relevant to Atlas programs. Grantees receiving funds from Atlas
must provide reports regarding the use of funds, except for those
instances in which Atlas's grants represent prizes to recognize
outstanding work (already completed or ongoing) in the fields of endeavor
central to the Atlas mission.

SCHEDULE I (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Atlas Economic Research Foundation

Employer identification number 94 – 2763845

ACIAS ECO	TIOMITE INC.	search round	acton				J= 2/030=3
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate th	ne amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	etion
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	omplete if the org	anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	ded.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Beacon Center of Tennessee							
P O Box 198646							
Nashville, TN 37219	20-1808567	501c3	51,176.	0.			Project Grant
Better Cities Project 4700 W. Rochelle Ave. #141 Las Vegas, NV 89103	83-4568874	501c3	52,717.	0.			Project Grant
Buckeye Institute 88 East Broad St Columbus, OH 43215-3506	31-1278593	501c3	30,000.	0.			Project Grant
Cardinal Institute for West Virginia - PO Box 11495 - Charleston, WV 25339	47-1932521	501c3	21,500.	0.			Project Grant
Cato Institute 1000 Massachusetts Ave NW Washington, DC 20001	23-7432162	501c3	50,000.	0.			Project Grant
Center for Economic Accountability 1415 Aline Drive		E01-2	20.000	2			Project Great
Grosse Pointe Woods, MI 48236	83-3122559		20,000.	0.			Project Grant
2 Enter total number of section 501(c)(3) a			he line 1 table				
3 Enter total number of other organization	s listed in the line	1 table					

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule i (Form 990), Pa I	rt II.)	Γ
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Independent Thought							
1420 Walnut Street							
Philadelphia, PA 19102-4010	52-0945376	501c3	10,000.	0.			Project Grant
Centro para Renovacion Economica,							
Crecimiento y Excelencia - PO Box							
190913 - San Juan, PR 00919-0913	66-0831873	501c3	10,000.	0.			Project Grant
Foundation for Economic Education							
1819 Peachtree Road NE							
Atlanta, GA 30309	13-6006960	501c3	20,000.	0.			Project Grant
Friends of UFM							
C/o Ross, Langan & McKendree, LLP ']						
McLean, VA 22102	27-2852264	501c3	60,000.	0.			Project Grant
			, ,	<u> </u>			-
Georgia Center for Opportunity							
333 Research Court							
Peachtree Corners, GA 30092	58-1928520	501c3	140,000.	0.			Project Grant
Human Rights Foundation							
350 5th Ave							
New York, NY 10118	20-2669700	501c3	25,000.	0.			Project Grant
Ideas Beyond Borders							
244 Fifth Avenue suite 2594							
New York, NY 10001	82-1447974	501c3	25,000.	0.			Project Grant
,				-•			
John Locke Foundation							
4800 Six Forks Rd. Suite 220							
Raleigh, NC 27609	56-1656943	501c3	15,000.	0.			Project Grant
Ladies of Liberty Alliance							
911 M Street NW #A							
Washington, DC 20001	27-1047673	501c3	15,000.	0.			Project Grant

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Let Grow, Inc							
228 Park Ave							
New York, NY 10003	82-2643800	501c3	10,000.	0.			Project Grant
Libertas Institute							
2183 W Main ST Suite A102							
Lehi, UT 84043	45-5254794	501c3	26,034.	0.			Project Grant
Pacific Legal Foundation							
930 G Street							
Sacramento, CA 95814	94-2197343	501c3	70,000.	0.			Project Grant
Pelican Institute for Public							
Policy - 400 Poydras Street, Suite							
900 - New Orleans, LA 70130	26-1704791	501c3	125,000.	0.			Project Grant
Platte Institute							
6910 Pacific Street							
Omaha, NE 68106	20-8809060	501c3	20,000.	0.			Project Grant
,			, ,				
Property and Environment Research							
Center - 2048 Analysis Drive -							
Bozeman, MT 59718	81-0393444	501c3	30,000.	0.			Project Grant
Students for Liberty							
1750 Tysons Boulevard							
McLean, VA 22102	27-4737588	E01a2	117,390.	0.			Project Grant
McLean, VA 22102	27-4737366	50163	117,390.	0.			Project Grant

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
roject grant	1	5,000.	0.		
ravel grant	5	1,293.	0.		
rize Winner	1	10,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Atlas relies on the Grant Committee of its Board of Directors to provide

oversight of the work of Atlas staff in establishing the eligibility and

appropriateness of candidates for grants within Atlas programs. Atlas

supports (A) organizations that operate as non-profit research institutes,

(B) "intellectual entrepreneurs" embarking on the creation of such

organizations, and (C) scholars working in fields of intellectual inquiry

relevant to Atlas programs. Grantees receiving funds from Atlas must

provide reports regarding the use of funds, except for those instances in

Part IV Supplemental Information
hich Atlas's grants represent prizes to recognize outstanding work
already completed or ongoing) in the fields of endeavor central to the
tlas mission.

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Atlas Economic Research Foundation

Employer identification number 94-2763845

Pa	rt I Questions Regarding Compensation		-	
	and a second regulating compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
_		5a		х
a	The organization?	5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		-2
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
o	contingent on the net earnings of:			
а	The organization?	6a		х
		6b		X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	JD		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
O	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
3	Regulations section 53.4958-6(c)?	9		
	riegulations section 33.4300°(b):	<u> </u>		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Bradley A. Lips	(i)	375,000.	0.	604.	11,250.	37,005.	423,859.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Chad Goote	(i)	296,400.	40,000.	262.	8,892.	5,564.	351,118.	0.
VP of Development	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Matt C. Warner	(i)	297,503.	0.	256.	8,925.	26,490.	333,174.	0.
President	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Thomas G. Palmer	(i)	284,099.	0.	2,739.	7,081.	11,332.	305,251.	0.
Executive VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Lyall J. Swim	(i)	215,000.	0.	364.	6,450.	29,342.	251,156.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Katherine Price	(i)	141,750.	0.	339.	4,253.	30,494.	176,836.	0.
VP of Operations, Secretary of the b	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Romulo Lopez	(i)	137,600.	0.	332.	4,128.	30,549.	172,609.	0.
Director of Finance	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Patty Hohlbein	(i)	141,750.	0.	973.	4,253.	11,775.	158,751.	0.
VP of Atlas Network Academy	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Christopher J Kinnan	(i)	130,000.	0.	320.	2,925.	18,861.	152,106.	0.
Director of Information Systems	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open To Public Inspection

Name of	the organization	Atlas Ed	conomic R	.esea	ırch	Foundatio	n		-	ident 638		on nu	ımber
Part I	Excess Bene	efit Transa	ctions (section	501(c)(3	3), sect	ion 501(c)(4), and se	ection 501(c)(29) orga	nizati	ons o	nly).			
	Complete if the	organization a	nswered "Yes" o	n Form	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, Pa	art V, I	ine 40	Db.			
1 (2) 1	Name of disqualified p	nerson (t	b) Relationship be			lified) Description of tran	eactio	n		(d)	Corre	cted?
(a) i	varne or disqualined p	person	person and	organiz	ation	,,	bescription of train	Sactio	11		Y	es	No
											_		
											4		
											-		
											+		
O Ent	or the amount of tax	in a urrad by th	a arganization m	2000000	or dia	avalified persons du	ring the year under						
	er the amount of tax i tion 4958	•	•	Ū		•	,		•				
	er the amount of tax,							اا	\$				
O Line	or the amount of tax,	ii arry, orr iii ic	2, 45000, 1011150	ii Sca by	ti ic oi	gariization		'	Ψ				
Part I	Loans to and	d/or From	Interested Pe	rsons									
	Complete if the	organization a	nswered "Yes" o	n Form	990-EZ	, Part V, line 38a or I	Form 990, Part IV, lin	e 26; (or if th	ne orga	anizati	on	
	·	· ·	990, Part X, line 5			,	, ,			Ü			
	(a) Name of	(b) Relationsh			oan to or	(e) Original	(f) Balance due	(g)		(h) Ap	proved ard or	(i) V	/ritten
int	erested person	with organizat	ion of loan		ization?	principal amount		defa	ult?	comn	nittee?	rd or agree	
				То	From			Yes	No	Yes	No	Yes	No
				_	-					-		_	-
													-
Total						> \$							
Part I	II Grants or As	ssistance E	Benefiting Int	ereste	d Pe								
	Complete if the	organization a	nswered "Yes" o	n Form	990, Pa	art IV, line 27.							
(a)	Name of interested	person	(b) Relationshi	p betwe	een	(c) Amount of	(d) Type	of		(e) Purp	ose o	f
			interested pe		nd	assistance	assistan	ce			assist	ance	
			the organi	zation									
									\perp				
									_				
									_				
						I	ı		- 1				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	person and the organization	transaction	transaction	Yes	No	
Stephanie Lips	Wife of CEO	15,000.	Contractor		Х	
Part V Supplemental Information						
Provide additional information for re	esponses to questions on Schedule L (see i	nstructions).				
Sch L, Part IV, Business	Transactions Involving	ng Interest	ed Persons:			
a) Name of Person: Step	hanie Lips					
d) Description of Trans	action: Contractor cor	npensation				

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

Name of the organization

Atlas Economic Research Foundation

Employer identification number 94-2763845

Form 990, Part I, Line 1, Description of Organization Mission:

organizations that promote individual freedom and are committed to

identifying and removing barriers to human flourishing.

Form 990, Part VI, Section B, line 11b:

A draft of the Federal form 990 is reviewed by the Audit Committee. After reviewing the 990, the Audit Committee provides a draft copy to the full Board for review. After addressing any questions from the full Board, the Audit Committee approves the 990 for filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

Officers, directors, and key employees are required annually to sign statements disclosing conflicts of interest.

Form 990, Part VI, Section B, Line 15:

Atlas has a Compensation Committee that is composed of independent persons.

Decisions of the committee are based on comparative analysis of

compensation levels and trends at peer non-profit institutions. The

committee decides and approves compensation of the CEO. This was last done

in December, 2017.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AK,AL,AR,CA,CT,FL,GA,IL,KY,ME,MI,MN,MS,NJ,NM,NY,NH,NC,ND,OH,OK,OR,PA,RI,SC

TN,UT,VA,WV,HI,KS,MD,MA,WI

Form 990, Part VI, Section C, Line 19: