Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

. Inspection

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

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

AF	or th	e 2021 calendar year, or tax year beginning and	ending		
B (Check if pplicab	LUDWIG VON MISES INSTITUTE FOR AUSTRIA	N	D Employer identific	cation number
	Addre chang Name	ECONOMICS, INC.			
		e Doing business as		52-126343	
	return		E Telephone number		
	Final return termir			334-321-2	
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,714,985.
	return Applic	AUBORN, AL 30032		H(a) Is this a group re	
	_ltiòn pendi	F Name and address of principal officer: O EFFRET E DETBI		for subordinates	
		" ⁹ SAME AS C ABOVE empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 527	H(b) Are all subordinates in	
		te: \blacktriangleright WWW.MISES.ORG		H(c) Group exemption	list. See instructions
		forganization: X Corporation Trust Association Other	I Vear		State of legal domicile: DC
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO PI	ROMOTE	THE ECONOMI	C THEORIES
Ce	·	OF LUDWIG VON MISES, HIS PREDECESSORS AND			
Governance	2	Check this box if the organization discontinued its operations or dispose			
ver	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
s S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			31
/itie	6	Total number of volunteers (estimate if necessary)		6	10
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		14,842,671.	7,114,069.
Revenue	9	Program service revenue (Part VIII, line 2g)		106,674.	181,610.
sec.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		291,580.	512,571.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		229,927.	632,389.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,470,852.	8,440,639.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		77,737.	79,462.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,338,793.	2,409,747.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ц. В	b	Total fundraising expenses (Part IX, column (D), line 25) 479,00		2,592,053.	2,568,332.
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,008,583.	5,057,541.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,462,269.	3,383,098.
or	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
its o	20	Total assets (Part Y line 16)		42,553,839.	End of Year 45,587,383.
Asse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		526,673.	400,360.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		42,027,166.	45,187,023.
	art II	Signature Block		,02,,100.	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date									
Here	JEFFREY E DEIST, PRESI										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	ROBERT FOSTER		11/15/22 self-employed P01352607								
Preparer	Firm's name 🕨 HIMMELWRIGHT, HU	GULEY & BOLES, LLC	Firm's EIN ▶ 63-1212950								
Use Only	Firm's address 2002 YARBROUGH D	RIVE									
OPELIKA, AL 36801 Phone no. 334-7											
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	LUDWIG VON MISES INSTITUTE FOR AUSTRIAN 990 (2021) ECONOMICS, INC. 52-1263436 Page 2
Par	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:
	TO PROMOTE THE ECONOMIC THEORIES OF LUDWIG VON MISES, HIS PREDECESSORS
	AND HIS SUCCESSORS, THROUGH TEACHING PROGRAMS, RESEARCH, FELLOWSHIPS
	AND SCHOLARLY PUBLICATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	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?
•	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 \$1, 245, 618. including grants of \$) (Revenue \$252, 118.)
	ADVANCEMENT OF ECONOMIC SCIENCE THROUGH PUBLICATIONS AND TEACHING
	PROGRAMS FOR STUDENTS, SCHOLARS AND OTHERS INTERESTED IN ECONOMIC
	EDUCATION.
4b	(Code:) (Expenses \$ 1,305,557. including grants of \$) (Revenue \$ 181,610.)
	TEACHING CONFERENCES, SEMINARS & COLLOQUIA
4c	(Code:) (Expenses \$ 856,889. including grants of \$ 79,462.) (Revenue \$)
	STUDENT FELLOWSHIP AND RESEARCH GRANTS. SUPPORT OF STUDENTS, FACULTY &
	POST-DOCTORAL FELLOWS IN ECONOMICS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 789,949. including grants of \$) (Revenue \$ 317,700.)
4e	Total program service expenses ► 4,198,013.
	Form 990 (2021)
132002	12-09-21

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ECONOMICS, INC.

Part IV Checklist of Required Schedules

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		_X_
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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,	44.	х	
h	Part VI	<u>11a</u>	Δ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u></u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110	х	
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u>_</u>	
a	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	11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	- 23	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	х	
h	Schedule D, Parts XI and XII	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	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			
	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		X
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		X
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
132003	12-09-21	Form	990	(2021)

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ECONOMICS. INC. 52-1263436 Page 4 Form 990 (2021) Part IV Checklist of Required Schedules (continued) 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 х 24a Schedule K. If "No," go to line 25a 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 С 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 х Schedule I Part I 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а х "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 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If С Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 х 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 х 34 Part V line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part 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 Yes No 58 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable b 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Form 990 (2021) 132004 12-09-21

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Form	990 (2021) ECONOMICS, INC.	52-1263	436	P	age 5					
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)									
		1 1	_	Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 31								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	S			x					
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 A	ccounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?	5b		X					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit								
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х					
			7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	to file Form 8282?		7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	I	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g							
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
U		•	8							
9	Sponsoring organizations maintaining donor advised funds.									
			9a							
			9b							
			90							
10	Section 501(c)(7) organizations. Enter:	40-								
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-							
11	Section 501(c)(12) organizations. Enter:	I I								
	Gross income from members or shareholders	11a	-							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u>12a</u>							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1								
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c								
			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?		15		X					
	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?									
				X						
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	,		<u> </u>							
	If "Yes," complete Form 6069.									

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ECONOMICS, INC.

Form 990 (2021)

52-1263436 Page 6

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.

				Yes	N		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11	100			
	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.						
h	Enter the number of voting members included on line 1a, above, who are independent	1b	8				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		<u> </u>				
-			2	x			
3	Officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the						
0	of officers, directors, trustees, or key employees to a management company or other person?		3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass		···		X		
6					X		
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
1a	more members of the governing body?		7a		x		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		<u>1a</u>		<u> </u>		
D			7b		X		
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				23		
8			00	Х			
	The governing body? Each committee with authority to act on behalf of the governing body?			X	\vdash		
-					-		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		9		X		
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		2:		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue Code.)		Yes	N		
0-	Did the exercitation have lead charters, branches, or affiliated		10a	res	X		
	Did the organization have local chapters, branches, or affiliates?		10a				
D	If "Yes," did the organization have written policies and procedures governing the activities of such characteristic and procedures governing the activities		10b				
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			X X	-		
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		v			
	on Schedule O how this was done			X X	-		
13	Did the organization have a written whistleblower policy?			X	-		
14	Did the organization have a written document retention and destruction policy?		14	_ X			
15	Did the process for determining compensation of the following persons include a review and approval	l by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37			
	The organization's CEO, Executive Director, or top management official			X			
b	Other officers or key employees of the organization		. 15b		X		
	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 arrangem	nent with a					
	taxable entity during the year?		. <u>16a</u>		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?		16 b				
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (section 501(c)(3)s only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.						
		on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of interest policy,	and finan	cial			
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records 🕨 🚬					
	THE ORGANIZATION - 334-321-2100						
	518 WEST MAGNOLIA AVENUE, AUBURN, AL 36832						
				n 990			

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ECONOM	ICS.	INC.			

52-1263436	Page 7

Form 990 (2		ECONOMICS,					52-1
Part VII	Compensation	of Officers, Dire	ctors,	Trustees,	Key Employe	es, Highest	Compensated
·	Employees, an	d Independent C	ontrac	ctors			

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.

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

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

(A) Name and title	(B) Average	(C) Position (do not check more than one					(D) Reportable	(E) Reportable	(F) Estimated	
	hours per	box	, unles	ss per	rson i	is both an pr/trustee)		compensation from	compensation	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JEFFREY E DEIST	50.00							000 044	0	07 404
PRESIDENT	45 00	Х		X				222,244.	0.	27,424.
(2) LLEWELLYN H ROCKWELL JR CHAIRMAN	45.00	x		x				239,800.	0.	9,740.
(3) PATRICIA O BARNETT	1.00									· · ·
VICE PRESIDENT		х		x				25,000.	0.	0.
(4) DEBORAH AYERS	0.50									
DIRECTOR		Х						0.	0.	0.
(5) DANIEL AJAMIAN	0.50									
DIRECTOR		Х						0.	0.	0.
(6) STEVEN BERGER	0.50									
DIRECTOR		Х						0.	0.	0.
(7) JOHN V DENSON	0.50									
DIRECTOR		Х						0.	0.	0.
(8) ROBERT LUDDY	0.50									
DIRECTOR		Х						0.	0.	0.
(9) ANDREW NAPOLITANO	0.50									
DIRECTOR		Х						0.	0.	0.
(10) RON PAUL	0.50								0	0
DIRECTOR		Х						0.	0.	0.
(11) DON PRINTZ DIRECTOR	0.50	x						0.	0.	0.
		-								
		-								
132007 12-09-21	I	I		I	I	1	I	1	1	Form 990 (2021)

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Form 990 (2021)

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		IN	STI	TU	ΓE	F	OR AUSTRIAN	52-12	6313	6	Daga 8
Form 990 (2021) ECONOR Part VII Section A. Officers, Directors	MICS, INC.				aboe	+ 0	omponented Employee		0343	0	Page 8
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	Individual trustee or director other conditional trustee	Pos check less pe and a c	C) sition more erson i	۱ than o s both	one an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC 1099-NEC)	ں C/ 2/	(F) Estima amoun oth ompen from organiz and re rganiz	ated nt of er sation the cation lated
							487,044.			37,	164.
c Total from continuation sheets to P	Part VII, Section A				ļ		0.		0.	20	0.
					 ````		487,044.		0.	37,	164.
2 Total number of individuals (including compensation from the organization		ose list	ed al	ove	) who	o re	eceived more than \$100,	000 of reportable			2
<ul> <li>3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule</i>.</li> <li>4 For any individual listed on line 1a, is and related organizations greater than</li> <li>5 Did any person listed on line 1a receir rendered to the organization? <i>If "Yes</i></li> <li>Section B. Independent Contractors</li> </ul>	officer, director, truste <i>J for such individual</i> the sum of reportable n \$150,000? <i>If</i> "Yes, ve or accrue compen	e comp " <i>comp</i> sation	oensa olete s from	ation Sche any	and edule unre	oth J f	ner compensation from the formation from the formation of	ne organization	4	X	s No X
1 Complete this table for your five high	est compensated ind	epende	ent c	ontra	actor	s th	nat received more than \$	100,000 of compe	ensation	from	
	on for the calendar ye A) siness address	<u>NON</u>		vith c	or wit	:hin	<u>the organization's tax y</u> ( <b>B)</b> Description of s			(C) pensat	tion
2 Total number of independent contract \$100,000 of compensation from the o		ot limite	ed to	thos (		ted	above) who received mo	pre than			
									For	u 22(	<b>)</b> (2021)

ECONOMICS, INC. 52-1263436 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Unrelated Revenue excluded Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 1a Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns 1b b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 7,114,069. similar amounts not included above 1f 187,441 1g |\$ g Noncash contributions included in lines 1a-1f 7,114,069. h Total. Add lines 1a-1f ► **Business Code** 142,726. 2 a MISES UNIVERSITY 611600 142,726. Program Service Revenue **b** MASTERS PROGRAM 611600 38,646. 38,646. c MISES ACADEMY 611600 238. 238. d е f All other program service revenue 181,610. g Total. Add lines 2a-2f ► 3 Investment income (including dividends, interest, and 87,676. 87,676. other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ..... (i) Real (ii) Personal 44,855. 6a 6 a Gross rents 47,783. 6b **b** Less: rental expenses -2,928. **c** Rental income or (loss) 6c -2,928.-2,928. d Net rental income or (loss) ► (i) Securities (ii) Other 7 a Gross amount from sales of 7a 424,895. assets other than inventory **b** Less: cost or other basis 0 and sales expenses ..... 7b Other Revenue 7c 424,895. **c** Gain or (loss) 424,895. 424,895. d Net gain or (loss) ► 8 a Gross income from fundraising events (not of including \$ contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns 10a478,681. and allowances 10b226,563. **b** Less: cost of goods sold 252,118. 252,118. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a REFUNDED PAYROLL TAXES 611600 317,700. 317,700 Revenue **b** MISCELLANEOUS REVENUE 65,499. 65,499. 611600 С d All other revenue 383,199. e Total. Add lines 11a-11d ► 8, 440,639. 751,428. 0. 575,142. Total revenue. See instructions 12 Form 990 (2021) 132009 12-09-21

9

# LUDWIG VON MISES INSTITUTE FOR AUSTRIAN Form 990 (2021) ECONOMICS, INC. Part IX | Statement of Functional Expenses

52-1263436 Page 10

Pa	rt IX Statement of Functional Expense	S			
Sec	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	79,462.	79,462.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	524,207.	393,155.	62,905.	68,147.
6	trustees, and key employees	JZ4,207.	<u> </u>	02,903.	00,14/.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,614,690.	1,211,017.	193,763.	209,910.
8	Pension plan accruals and contributions (include	_, •, •, •, •, •			
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	145,822.	109,366.	17,499.	18,957.
10	Payroll taxes	125,028.	93,771.	15,003.	<u>18,957.</u> 16,254.
11	Fees for services (nonemployees):				
а	Management				
	Legal	15,073.		15,073.	
	Accounting	32,500.		32,500.	
Ċ	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	20 470	0 610		
12	Advertising and promotion	38,478. 33,508.	<u>9,619</u> . 32,781.	291.	<u>28,859.</u> 436.
13	Office expenses	229,362.	228,777.	234.	351.
14 15	Information technology	229,302.	220,111•	254.	551.
15 16	Royalties	34,802.	34,045.	303.	454.
17	Occupancy Travel	62,580.	62,580.		
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	523,730.	523,730.		
20	Interest	8,000.		8,000.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	248,520.	243,117.	2,161.	3,242.
23	Insurance	85,765.	62,223.	19,897.	3,645.
24	Other expenses. Itemize expenses not covered 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 0.)				
а	PUBLICATIONS	544,714.	544,714.		
b	REPAIRS & MAINTENANCE	155,590.	152,207.	1,354.	2,029.
c	BOOKSTORE	129,360.	129,360.		
d	DEVELOPMENT	124,914.			124,914.
е	All other expenses	301,436.	288,089.	11,544.	1,803.
25	Total functional expenses. Add lines 1 through 24e	5,057,541.	4,198,013.	380,527.	479,001.
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 Figure if following SOP 98-2 (ASC 958-720)				Eorm <b>990</b> (2021)

132010 12-09-21

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Form **990** (2021)

## LUDWIG VON MISES INSTITUTE FOR AUSTRIAN ECONOMICS, INC.

Pa	τX	Balance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,659,023.	1	6,077,862
	2	Savings and temporary cash investments			14,963,487.	2	15,076,773
	3	Pledges and grants receivable, net		1,829,153.	3	1,191,339	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
Assets		under section 4958(f)(1)), and persons described i		6			
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			151,390.	8	<u>167,787</u> 59,362
Ÿ	9	Prepaid expenses and deferred charges			64,797.	9	59,362
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,505,509.			
	b	Less: accumulated depreciation	10b	4,373,454.	4,309,416.	10c	<u>4,132,055</u> 11,399,307
	11	Investments - publicly traded securities	10,988,355.	11	11,399,307		
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1		7,193,839.	13	7,068,961	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			394,379.	15	413,937
	16	Total assets. Add lines 1 through 15 (must equal	42,553,839.	16	45,587,383		
	17	Accounts payable and accrued expenses	229,729.	17	119,623		
	18	Grants payable		18			
	19	Deferred revenue			161,405.	19	158,397
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D		21	
es	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
iab		controlled entity or family member of any of these		F	100.000	22	100.000
	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·	100,000.	23	100,000
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			00 040
		of Schedule D			35,539.		22,340
	26	Total liabilities. Add lines 17 through 25			526,673.	26	400,360
S		Organizations that follow FASB ASC 958, chec	k here				
ŝ		and complete lines 27, 28, 32, and 33.			20 022 276		40 600 001
alar	27	Net assets without donor restrictions			38,932,376.	27	42,630,081
ĕ	28	Net assets with donor restrictions			3,094,790.	28	2,556,942
un		Organizations that do not follow FASB ASC 95					
Ĕ		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			10 007 160	31	AE 107 000
Ne	32	Total net assets or fund balances			42,027,166.	32	45,187,023
	33	Total liabilities and net assets/fund balances			42,553,839.	33	45,587,383 Form <b>990</b> (202

Form **990** (2021)

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LUDWIG VON MISES INSTITUTE FOR AUSTRIA	LUDWIG	VON	MISES	INSTITUTE	FOR	AUSTRIA
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52-1263436 Page 12

	1 990 (2021) ECONOMICS, INC.	52-1	263436	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,440				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,057				
3	Revenue less expenses. Subtract line 2 from line 1	3		3,383,098.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>42,027</u> -223				
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	45,187	,02	23.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	0.	- 🗖	Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						
			Form		0004		

Form **990** (2021)

132012 12-09-21

<b>(Fo</b>	SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service Name of the organization		Co	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.         WIG VON MISES INSTITUTE FOR AUSTRIAN						OMB No. 1545-0047 <b>2021</b> Open to Public Inspection		
Nam	ne of t	he organizatio				FOR A	USTRI	AN		identification number		
Do	-+1	Baaaan		OMICS, INC						2-1263436		
Pa					(All organizations must o			ee instructior	IS.			
1 2 3 4	organ	A church, cor A school deso A hospital or	nvention of chi cribed in <b>sect</b> i a cooperative earch organiza	urches, or associatio ion 170(b)(1)(A)(ii). hospital service org	(For lines 1 through 12, c on of churches described (Attach Schedule E (Forn ganization described in <b>s</b> onjunction with a hospital	l in <b>sectio</b> n 990).) <b>ection 170</b>	n 170(b)(1 (b)(1)(A)(ii	i).	.)(iii). Enter	the hospital's name,		
5		An organizati	on operated fo	or the benefit of a co	ollege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in		
		section 170	<b>b)(1)(A)(iv).</b> (C	Complete Part II.)								
6 7	X	An organizati	on that norma	Ily receives a substa	mental unit described in antial part of its support f				ne general p	public described in		
•		-		omplete Part II.)								
8					)(1)(A)(vi). (Complete Par	,	d in coniu	nation with a	land grant			
9		•			d in section 170(b)(1)(A)( culture (see instructions).	• •			°,	•		
10	$\square$		on that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns membersh	nin fees and	d 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 <b>section 509(a)(2).</b> (Complete Part III.)											
11		-	-	-	sively to test for public sa	•						
12		-	-	-	sively for the benefit of, to				•			
				-	ed in <b>section 509(a)(1)</b> c					check the box on		
-		7	-	• •	of supporting organization				-			
а					supervised, or controlled	• • • •	-		•••••			
			-		egularly appoint or elect a	i majority o	it the direc	tors or truste	es of the su	ipporting		
h		¬ ⁻		complete Part IV, S		tion with it	ounnarta	d organizatio	n(a) by bay	ina		
b				-	d or controlled in connec ganization vested in the s			-		-		
						ame perso	ns that co	ntroi or mana	ge the supp	Joned		
с		7			, Sections A and C.	in connect	ion with a	and functions	lly intograte	od with		
U		••	-	• •	s). You must complete l				ily integrate	a with,		
d			•	.,.	porting organization oper			-	rted organiz	zation(s)		
u			-		ization generally must sat				-			
			•	<b>°</b>	mplete Part IV, Sections			•				
е		7			written determination fro				II. Type III			
			•		onally integrated supporti			JI 7 JI	, ,,			
f	Ente	er the number of										
g	Pro	/ide the followi	ng informatior	n about the supporte								
	(	i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o	-	(vi) Amount of other		
		organization			above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
Tota	ıl											

				STITUTE FO	OR AUSTRIA				
	edule A (Form 990) 2021 E	CONOMICS,	INC.			52-126	3436 Page 2		
Pa	ITT II Support Schedule for	-		•					
	(Complete only if you checke				n failed to qualify u	nder Part III. If the	organization		
0.0	fails to qualify under the tests listed below, please complete Part III.)								
	ction A. Public Support	()	(1) 00 / 0	( ) == ( =	( )) 00000	() 222 (	(0) = 1 + 1		
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	3572979.	4030050	9534675	14842671.	7/31760	20112111		
~	include any "unusual grants.")	5512919.	4030030.	9554075.	14042071.	7451709.	59412144.		
2	Tax revenues levied for the organ- ization's benefit and either paid to								
	or expended on its behalf								
2	The value of services or facilities								
3	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	3572979.	4030050.	9534675.	14842671.	7431769.	39412144.		
5	The portion of total contributions		10000000	20010101		/ 10 1 / 0 5 0			
Ŭ	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)						12432387.		
6	Public support. Subtract line 5 from line 4.						26979757.		
Sec	ction B. Total Support				-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	3572979.	4030050.	9534675.	14842671.	7431769.	39412144.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,		400 844	<b>CEC 110</b>		100 501	1 60 70 01		
	and income from similar sources	244,693.	403,714.	676,418.	240,565.	132,531.	1697921.		
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on						·		
10	Other income. Do not include gain								
	or loss from the sale of capital	101 219	318,282.	60,621.	30,751.	65 199	876,372.		
44	assets (Explain in Part VI.)	401,219.	510,202.	00,021.	50,751.		41986437.		
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	etc. (see instructio					,581,539.		
	First 5 years. If the Form 990 is for th		,	ourth or fifth tax			,,		
	organization, check this box and <b>stor</b>	-							
Sec	ction C. Computation of Publi								
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	64.26 %		
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	<u>62.59 %</u>		
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies								
b	<b>33 1/3% support test - 2020.</b> If the o								
	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact					VI how the organiz	zation		
	meets the facts-and-circumstances te	•	• •		•				
b	10% -facts-and-circumstances test						10% or		
	more, and if the organization meets the								
40	organization meets the facts-and-circu		•		•				
18	Private foundation. If the organization	n ala not check a	box on line 13, 16a	i, 160, 17a, or 17t	o, check this box a	na see instructions	s P		

Schedule A (Form 990) 2021

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LUDWIG	VON	MISES	INSTITUTE	FOR	AUSTRIAN	
ECONOMICS,		INC.				52

Schedule A (Form 990) 2021 EC

52-1263436 Page 3

Part III	Support Sc	hedule for	Organizations	Described in	n 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.)

Sec	tion A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</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 are not an unrelated trade or bus-						
	iness under section 513			_			
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	_	1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•				.,.,	·
	check this box and stop here						<b>&gt;</b>
	tion C. Computation of Publ						
	Public support percentage for 2021 (			column (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Inves		•				
	Investment income percentage for <b>2</b> Investment income percentage from					17 18	<u> </u>
	33 1/3% support tests - 2021. If the			on line 14 and lin			
100	more than 33 1/3%, check this box at						
h	33 1/3% support tests - 2020. If the	-	•		•••		
2	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 01-04-22			,, enconce			lule A (Form 990) 2021
			15	5		20	

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Schedule A (Form 990) 2021 ECONOMICS ,

52-1263436 Page 4

1

2

Yes No

#### Part IV Supporting Organizations

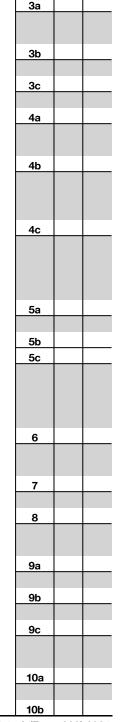
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

INC.

#### 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.)

132024 01-04-21



Schedule A (Form 990) 2021

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16

Schedule A (Form 990) 2021 ECONOMICS . INC.

52-1263436 Page 5

Pa	rt IV Supporting Organizations (continued)			-ge e
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
0	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Vee	Na
	Mana a maiovity, of the experimention is diverteen as two share dowing the tax, you also a maiovity, of the diverteen		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Vee	Na
-	Did the exercise provide to each of its supported exercise is by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	0		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a b	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c		- <b>t</b>	- 1	
2	L The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in Activities Test. <b>Answer lines 2a and 2b below.</b>	struction	S). Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
F	that these activities constituted substantially all of its activities.	28		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
s	these activities but for the organization's involvement. Parent of Supported Organizations Answer lines 3a and 3b below	20		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | Schedule A (Form 990) 2021

3a

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	LUDWIG VON MISES INSTITU	TE E	FOR AUSTRIAN	
Sche	edule A (Form 990) 2021 ECONOMICS, INC.			52-1263436 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e 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):			
a	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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2021

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_	dule A (Form 990) 2021 ECONOMICS, IN				2-1263436	Page <b>7</b>
Par		a)(3) Supporting Orga	nizations (continu	ied)	<b></b>	
Sect	on D - Distributions				Current Yea	r
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3		
_4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	e 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		<i>(</i> )	10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 20	
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					
e	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: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	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					
e	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	LUDWI ECONO			INSTIT	TUTE	FOR	AUSTRIAN	52-1263436 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. _F , 2, 3b, 3c, 4 lines 2 and	Provide the 4b, 4c, 5a, 3; Part IV,	e explanatior , 6, 9a, 9b, 90 Section E, li	c, 11a, 11b, a nes 1c, 2a, 2	and 11c; b, 3a, an	Part IV, d 3b; Pa	Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
132028 01-04-2	22								Schedule A (Form 990) 2021

Schedule A

### Identification of Excess Contributions Included on Part II, Line 5

52-1263436

#### 2021

## ** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
AVAILABLE UPON REQUEST	3,551,574.	2,711,845.
AVAILABLE UPON REQUEST	10,500,000.	9,660,271.
AVAILABLE UPON REQUEST	900,000.	60,271.
Total Excess Contributions to Schedule A, Part II, Line 5		12,432,387.

SC	SCHEDULE D Supplemental Financial Statements						OMB No.	1545-00	047	
(Forn	(Form 990) ► 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.						2021			
	ment of the Treasury			Attach to Form 990	•			Open t		lic
	I Revenue Service			<u>90 for instructions a</u> NSTITUTE FO				Inspec		
Nam	e of the organization	ECONOMICS,		NSITIOIE FC	AUSILIAN			ridentificatio 2-1263		mber
Par	t I Organiza	ations Maintaining D		d Funds or Othe	r Similar Funds	or Ac				
		n answered "Yes" on Form						e e inpiere in s		
				(a) Donor ac	vised funds	(	<b>b)</b> Funds an	d other acco	unts	
1	Total number at er	nd of year								
2		f contributions to (during y								
3	Aggregate value of	f grants from (during year)								
4		t end of year								
5	-	on inform all donors and do		-						-
-		on's property, subject to the						Yes		No
6	•	on inform all grantees, done		•	•		2			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring									No
Par	t II Conserv	ation Easements. Co	molete if the or	ganization answered	"Yes" on Form 990.	Part IV.	line 7.	Yes		
1		servation easements held b								
-		n of land for public use (for	, 0		Preservation o	f a histo	rically impo	rtant land are	a	
		of natural habitat		,	Preservation o		•			
	Preservation	n of open space								
2	Complete lines 2a	through 2d if the organizat	tion held a quali	fied conservation cor	tribution in the form	of a cor	servation e	asement on t	the las	st
	day of the tax year	r.					Held	at the End of t	the Tax	Year
а	Total number of co	onservation easements					2a			
b	•	ricted by conservation ease					2b			
с	Number of conserv	vation easements on a cert	tified historic str	ucture included in (a)			2c			
d	Number of conserv	vation easements included	in (c) acquired	after 7/25/06, and no	t on a historic structu	ure				
		nal Register					2d			
3		vation easements modified	, transferred, re	leased, extinguished,	or terminated by the	e organiz	zation during	g the tax		
	year									
4		where property subject to a		-	naction bandling of					
5	•	tion have a written policy re forcement of the conservat	• • •	0.	, e			Yes		No
6	,	r hours devoted to monitor			s and enforcing con				√ear	
•				inalitation g et trenalitett	s, and enterening com			s alannig and .	, cu.	
7	-	es incurred in monitoring, i	inspecting, hand	dling of violations, and	d enforcing conserva	tion eas	ements dur	ing the year		
	▶\$	0,	1 0,	C ,	0			0,		
8	Does each conser	vation easement reported	on line 2(d) abov	e satisfy the requirer	nents of section 170	(h)(4)(B)(	i)			
	and section 170(h)	)(4)(B)(ii)?						Yes		No
9	In Part XIII, describ	be how the organization rep	oorts conservati	ion easements in its r	evenue and expense	statem	ent and			
	balance sheet, and	d include, if applicable, the	text of the foot	note to the organizati	on's financial statem	ents tha	t describes	the		
Dec		ounting for conservation e		CA				4 -		
Par		ations Maintaining C		-	reasures, or O	ther 5	milar As	sets.		
		f the organization answered								
<b>1</b> a	•	elected, as permitted unde								
		easures, or other similar as	-				ce of public			
L	· •	Part XIII the text of the foc					aboat work	o of		
U	-	elected, as permitted unde sures, or other similar asset								
		ing amounts relating to the				leiance	or public se	a vice,		
	•	ded on Form 990, Part VIII					► .\$			
							► \$			
2		received or held works of a								
-		unts required to be reporte				U ., P				
а	-	on Form 990, Part VIII, line		-			▶ \$			
		Form 990, Part X					▶ \$			
		eduction Act Notice, see						dule D (Forr	n 990)	2021
	10-28-21									
				22						

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	dule D (Form 990) 2021 ECONOMI	CS, INC.			- <b>Oth</b> ai			<u>63436</u>	Pa	age Z
-	t III Organizations Maintaining C							(continu	ued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	s, check any of the f	ollowing that	t make si	gnificant u	ise of its			
а	Public exhibition	d	Loan or exc	hange progra	am					
b	Scholarly research	е								
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	how they further th	e organizatio	on's exen	not purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	•		0						
Ū	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrange							_		
	reported an amount on Form 990, Par			in anowered	100 011	1 0111 000	, raitiv,	110 0, 01		
19	Is the organization an agent, trustee, custodi		iany for contributions	s or other ass	sets not i	included				
14								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						∟		L	
U.		and complete the loi	iowing table.					Amount		
-	Designing belonce					1		7 arriodine		
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f	0							7		1
	Did the organization include an amount on Fe					ity?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V</b> Endowment Funds. Complete i	-					aava kaali	(-) [		haali
		(a) Current year		(c) Two year		ears back				
	Beginning of year balance	1,327,250.	1,314,717.	1,179	79,444. 1,166,067. 1					375.
b	Contributions									
С	Net investment earnings, gains, and losses	12,317.	12,533.	135	5,273.	-	48,123.		16,	692.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance	1,339,567.	1,327,250.	1,314	4,717.	1,1	17,944.	1,	166,	067.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
		<u> </u>								
-	The percentages on lines 2a, 2b, and 2c sho	, -								
3a	Are there endowment funds not in the posse		tion that are held an	nd administer	ed for th	e organiza	ation			
ou	by:					ie organize		· ا	Yes	No
	(i) Unrelated organizations							3a(i)		X
										X
	(ii) Related organizations							3a(ii)		<u></u>
0								3b		
4 Dar	t VI Land, Buildings, and Equipm		wment funds.							
T ai			Dart IV line 110 S	000 Eorm 000	Dort V	line 10				
	Complete if the organization answere						.			
	Description of property	(a) Cost or o	. ,	or other		ccumulate	d	<b>(d)</b> Book	value	е
		basis (investn	,		de	preciation	_			
1a	Land			8,145.				1,138		
	Buildings		6,47	8,633.	3,5	540,13	37.	2,938	, 49	96.
с	Leasehold improvements									
d	Equipment		88	8,731.	8	833,31	17.	55	,41	14.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part .	X. column (B). line 10	0c.)	<u></u>			4,132	, 05	55.
							Schedule	D (Form	990)	2021

	le D (Form 990) 2021	ECONOMICS,	INC.	52	2-1263436 _{Page} 3
Part V	VII Investments -	Other Securities.			
	Complete if the org	ganization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
<b>(a)</b> Des	scription of security or cate	GOTY (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Fina	ancial derivatives				
(2) Clos	sely held equity interests	5			
(3) Oth					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	ol. (b) must equal Form 99	0, Part X, col. (B) line 12.) 🕨			
	VIII Investments -		4		
	Complete if the org	ganization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)	RESTRICTED E	NDOWMENT FUND	1,228,067.	END-OF-YEAR MARKET	
	PRECIOUS MET		5,000,894.	END-OF-YEAR MARKET	
	LIFE ESTATE		840,000.	END-OF-YEAR MARKET	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ol (b) must aqual Form 00	0, Part X, col. (B) line 13.) 🕨	7,068,961.		
Part I		0, Part A, COI. (D) IIIIe 13.)	7,000,001.		
		anization answered "Yes"	on Form 990 Part IV line	11d. See Form 990, Part X, line 15.	
			Description		(b) Book value
(4)		(u)			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part 2			e 15.)		▶
Fait			on Form 000 Dort IV line	110 or 11f Coo Form 000 Port V line 0	F
			on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
<u>1.</u>		escription of liability			(b) Book value
	Federal income taxes				15.000
		ERRED ANNUITY			15,860.
	OTHER ANNUIT	IES			6,480.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
			<u>e 25.)</u>		22,340.
2. Liab	oility for uncertain tax po	sitions. In Part XIII, provide	e 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

Schedule D (Form 990) 2021

132053 10-28-21

Scho	dule D (Form 990) 2021 ECONOMICS, INC.	FOR A		52-	1263436 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	1203450 Page
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1				1	8,443,961.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-223,239.		
b	Donated services and use of facilities		•		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		226,563.		
е	Add lines 2a through 2d			2e	3,324.
3	Subtract line 2e from line 1			3	8,440,637.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	2.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	2.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,440,639.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Return	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	5,284,104.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. <b>2</b> a			
b	Prior year adjustments	. <b>2</b> b			
С	Other losses				
d	Other (Describe in Part XIII.)	-	226,563.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	<u>226,563.</u> 5,057,541.
3	Subtract line 2e from line 1			3	5,057,541.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4a</b>			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,057,541.
Pal	rt XIII Supplemental Information.				

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

#### PART XI, LINE <u>2D - OTHER ADJUSTMENTS:</u>

COST OF GOODS SOLD

#### PART XI, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

132054 10-28-21

226,563.

226,563.

2.

10111115 153432 57437

25 2021.05000 LUDWIG VON MISES INSTITUT 57437__1

Schedule D (	Form 990) 2021 Supplemental Inform	LUDWIG VON ECONOMICS,	INSTITUTE	FOR	AUSTRIAN	52-1263436 F	Page 5
		(continuea)					
						Schedule D (Form 990	0) 2021

132055 10-28-21

	HEDULE F m 990)	<b>_E F</b> Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.									
	ment of the Treasury			Attach to Form 990. orm990 for instructions and the latest	information		Open Inspe	to Public			
Name LUE	e of the organization				mormation.		r identifi	cation number			
	NOMICS, INC.					52-12					
Par	Form 990, Part IN		ctivities Out	side the United States. Comple	ete if the organ	ization ansv	vered "Y	es" on			
1	-	•		ds to substantiate the amount of its gra the selection criteria used to award the			🖂 '	Yes 🗌 No			
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistan	ice outsid	de the			
3	Activities per Region. (T			n be duplicated if additional space is n							
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service specific typ (s) in the rec	e, pe	(f) Total expenditures for and investments in the region			
NORT	H AMERICA	0	0	GRANTS AND OTHER ASSISTANCE (CONTRIBUTIONS)				0.			
				GRANTS AND OTHER ASSISTANCE							
EURO	PE	0	0	(CONTRIBUTIONS)				0.			
3 a	Subtotal	0	0					0.			
	Total from continuation	0	0					0.			
с	sheets to Part I Totals (add lines 3a and 3b)	0	0					0.			

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

Schedule F (Form 990) 2021

132071 12-20-21

Schedule F (Form 990) 2021

ECONOMICS, INC.

52-1263436

Part II 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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			l recognized as charities by the t					<u> </u>
			or counsel has provided a sect					

#### 132073 12-20-21

#### LUDWIG VON MISES INSTITUTE FOR AUSTRIAN

Schedule F (Form 990) 2021

ECONOMICS, INC.

52-1263436

#### 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

29

Schedule F (Form 990) 2021

Page 3

Sched	ule F (Form 990) 2021 ECONOMICS, INC.	52-1263436	Page 4
Part	IV Foreign Forms		G
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

LUDWIG	VON	MISES	INSTITUTE	FOR	AUSTRIAN

Schedule F (Form 990) 2021       ECONOMICS, INC.       52-1263436	Page 5
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.	
SCHEDULE F, PART I, LINE 3	
THE ORGANIZATION RECEIVES CONTRIBUTIONS FROM INDIVIDUALS LOCATED IN	
FOREIGN COUNTRIES. THE AGGREGATE CONTRIBUTIONS OF \$5,000 OR MORE FROM	
FOREIGN SOURCES TOTALED \$190055 THIS YEAR. THE ORGANIZATION DOES NOT	
HAVE ANY EXPENDITURES OR INVESTMENTS RELATED TO GRANT MAKING ACTIVITIES	
OUTSIDE THE U.S.	
132075 12-20-21 Schedule F (Form 9	990) 2021

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)		Go	vernments, an ete if the organization	nd Individual	ls in the Ŭni	ted States		2021
Department of the Treasury Internal Revenue Service		Comp		Attach to For rs.gov/Form990 for	m 990.			Open to Public Inspection
Name of the organizati	ion LUDWIG VO ECONOMICS		NSTITUTE FO	R AUSTRIAN	1			Employer identification number 52-1263436
Part I General Ir	nformation on Grants a	nd Assistance						
criteria used to a	zation maintain records t award the grants or assis IV the organization's pro	stance?	-					
Part II Grants an	d Other Assistance to hat received more than \$	Domestic Organiz	ations and Domestic	<b>Governments.</b> (	Complete if the org	anization answered "	es" on Form 990, Par	t IV, line 21, for any
	ddress of organization vernment	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total numb	per of section 501(c)(3) a per 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

ECONOMICS, INC.

52-1263436

Page 2

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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ACULTY GRANT	2	20,822.	0.		
STUDENT FELLOWSHIPS	7	23,000.	0.		
STUDENT PRIZE	11	10,640.	0.		
NON-PROFIT GRANT	1	25,000.	0.		
		23,000.			

PART I, LINE 2:

THE INSTITUTE AWARDS GRANTS TO INDIVIDUALS FOR THE PURPOSE OF FURTHERING

THEIR STUDIES AND RESEARCH INTO AUSTRIAN ECONOMICS. ALL RECIPIENTS ARE

INVOLVED IN PROGRAMS SUPPORTED BY THE INSTITUTE AND AS SUCH ARE PRESENT AT

INSTITUTE FACILITIES DURING THE PERFORMANCE OF THE SERVICES FOR WHICH THEY

#### ARE AWARDED GRANTS.

SC	HEDULE J	1	OMB No. 1	545-004	47	
(Fo	rm 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		20	71	
		Compensated Employees		20		1
Dene	the Trace with	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organizatio	LUDWIG VON MISES INSTITUTE FOR AUSTRIAN	Employer i			mber
		ECONOMICS, INC.	52-1	.26343	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate 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.				
	X First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions	sidence			
	X Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffer	ır, 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		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	i			
	CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
		compensation consultant Compensation survey or study				
	X Form 990 of c		ommittee			
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	elated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in or red	ceive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or ree	ceive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 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 compensatio	'n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990)	) 2021

132111 11-02-21

Schedule J (Form 990) 2021

ECONOMICS, INC.

52-1263436

Page 2

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.

(A) Name and Title		(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)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEFFREY E DEIST	(i)	222,244.	0.	0.	12,000.	15,424.	249,668.	0.
PRESIDENT	(ii)		0.	0.	0.	0.	0.	0.
(2) LLEWELLYN H ROCKWELL JR	(i)	239,800.	0.	0.	8,981.	759.	249,540.	0.
CHAIRMAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

LUDWIG	VON	MISES	INSTITUTE	FOR	AUSTRIAN
ECONOM	ICS,	INC.			

Schedule J (Form 990) 2021

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE M			OMB No. 1545-0047						
(Form 990)							2021		
		Complete if the org							
	ment of the Treasury	Attach to Form 990	Open to Public						
		Go to www.irs.gov/				E	Inspection		
Name of the organization         LUDWIG         VON         MISES         INSTITUTE         FOR         AUSTRIAN         Employer identification number           ECONOMICS,         INC.         52-1263436         52-1263436									
Par	tl Types of	Property					<u>JZ IZ0J4J0</u>		
			(a)	(b)	(c)		(d)		
			Check if Number of Noncash contribution				Method of determining		
			applicable		Form 990, Part VIII, line 1g	noncasn	contribution amounts		
1	Art - Works of art								
2	Art - Historical trea								
3	Art - Fractional inte	erests							
4	Books and publica	tions	X		1,050.	FAIR MA	RKET VALUE		
5		ehold goods							
6		nicles							
7									
8		ty							
9		y traded	X	87	135,756.	FAIR MA	RKET VALUE		
10		/ held stock							
11	Securities - Partne								
12	Securities - Miscell								
13	Qualified conserva								
	Historic structures								
14		tion contribution - Other							
15	Real estate - Resid								
16 17		nercial	x	1	3 008.	APPRAIS	ΔΤ.		
18					5,000.				
19									
20		l supplies							
21									
22									
23									
24		Scientific specimens							
25	Other 🕨 (	)							
26	Other ► (	)							
27	Other ► (	)							
28	Other 🕨 (	)							
29	Number of Forms	8283 received by the organi	zation during	the tax year for co	ontributions				
	for which the orga	nization completed Form 82	83, Part V, D	onee Acknowledge	ement 29				
							Yes No		
30a					orted in Part I, lines 1 throug				
		•			which isn't required to be us				
	exempt purposes for the entire holding period?								
	,								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash     contributions? <u>32a</u> X								
L							<u>32a X</u>		
	If "Yes," describe i		olumn (a) fai	a type of proport	for which column (a) is cheo	rkod			
33	describe in Part II.	aiun treport an amount in c		a type of property	TO WHICH COUTHER (a) IS CHEC	JACU,			
LHA		Reduction Act Notice, see	the Instruct	tions for Form 990	).	Sch	nedule M (Form 990) 2021		
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132141 11-17-21

Schedule W Come 090 (2011 ECONONICS, IP. CV.         52-1263 20 - Page 2           PTT         Supporting in Part 1, column B0, the number of contributions, the number of items received, or a combination of both. Also complete this part to any additional information.         Page 2			LUDWIG VON		INSTITUTE	FOR	AUSTRIAN		
Part III         Supplemental Information. Provide the information regularization is involved in a combination of both. Also complete information, the number of items received, or a combination of both. Also complete this part for any additional information.           IIII         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Schedule M	(Form 990) 2021	ECONOMICS,	INC.				52-1263436	Page <b>2</b>
	Part II	Supplemental is reporting in Part	Information. Pro	vide the info	ormation required by tributions, the numb	/ Part I, li er of iter	ines 30b, 32b, and 3 ns received, or a cor	3, and whether the organizat nbination of both. Also comp	tion
Stredułe M (Form 990) 202		this part for any ac	ditional information.						
2012 11-1721 Schedule M Form 990 202									
20142 15-721 Schedule M (Form 990) 202									
2222 11-7.21									
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	132142 11-17-2	21						Schedule M (Form	990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047 Open to Public Inspection Employer identification number

52-1263436

ECONOMICS INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LUDWIG VON MISES INSTITUTE FOR AUSTRIAN

TEACHING PROGRAMS, RESEARCH, FELLOWSHIPS AND SCHOLARLY PUBLICATIONS.

FORM 990, PART VI, SECTION A, LINE 2:

LLEWELLYN H ROCKWELL JR AND DEBORAH A AYERS ARE SIBLINGS.

MARDELLE O ROCKWELL AND PATRICIA O BARNETT ARE SIBLINGS.

FORM 990, PART VI, SECTION B, LINE 11B:

COPY OF THE FORM 990 IS DISTRIBUTED TO THE OFFICERS AND BOARD OF

DIRECTORS FOR REVIEW AND APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE INSTITUTE PERFORMS AN ANNUAL INTERNAL REVIEW OF THE CONFLICT OF

INTEREST POLICY UTILIZING A LEGAL COUNCEL PRESENTATION IN A STAFF MEETING.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION WAS APPROVED BY INDEPENDENT BOARD MEMBERS. DATA FROM SIMILAR

NOT-FOR-PROFIT ENTITIES WAS USED FOR PURPOSES OF COMPARISON.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE ON THE

INSTITUTE'S WEBSITE AND ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Pag							
Name of the organization			INSTITUTE	FOR	AUSTRIAN	Employer identification number	
	ECONOMICS	S, INC.				52-1263436	

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

FOR THE YEAR ENDING DECEMBER 31, 2021 LUDWIG VON MISES INSTITUTE FOR

AUSTRIAN ECONOMICS IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER

REG SEC 1.263(A)-1-(F).

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