** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

B Desponsive Compatibility of the properties of	A	or the	\approx 2023 calendar year, or tax year beginning $$ OCT $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ng S	EP 30, 2024				
Start Comparison Comparis	В	Check if applicabl	C Name of organization		D Employer identif	ication number			
The process of the property of		chang	e COMPETITIVE ENTERPRISE INSTITUTE						
Name and street (of P.D. 8 of that is not developed to strott aboress) Footname Fo		chang	Doing business as		52-1351785				
City or town, statio or province, country, and ZiP or foreign postal code City or town, statio or province, country, and ZiP or foreign postal code City or town, statio or province, country, and ZiP or foreign postal code City or town, statio or province, country, and ZiP or foreign postal code City or town, statio or province, country, and ZiP or foreign postal code City or town, statio or province, country, and ZiP or foreign postal code City or town, statio or province, country, and ZiP or foreign postal code City or town, statio or province, country, and ZiP or foreign postal code City or town, statio or province, country, and ZiP or foreign postal code City or town, statio or province, country, and ZiP or foreign postal code City or town, statio or province, country, and ZiP or foreign postal code City or town, statio or province, country, and ZiP or foreign postal code City or foreign postal		return ∏Final	1310 T. STREET NW 7TH ET.	/suite					
MASHINGTON, DC 20005 He) the agroup return for subcordinates? Yes X No Ho) for all subcordinates? Yes X No Ho) for		termin							
Secondary Planter and laddress of principal officer. KENT LASSMAN For subcordinates? Yes No		□Amen			H(a) Is this a group				
SAME AS C ABOVE			F Name and address of principal officer: KENT LASSMAN						
J. Website: WRWCEI - ORG High Group exemption number K form of organization; X Corporation Trust Association Other Lyear of formation: 1984 M state of legal demicisin; DC Part Summary		pendir							
Form of organization: X Corporation Trust Association Other L Year of formation; 1984 M State of legal demicile; DC Part Summary	\Box	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527					
Part I Summary	J١	Vebsit	e: WWW.CEI.ORG		H(c) Group exemption	on number			
1 Briefly describe the organization's mission or most significant activities: PUBLIC POLICY RESEARCH/EDUCATION DEDICATED TO PRINCIPLES OF PREE ENTERPRISE & LIMITED GOVERNMENT. 2 Chack this box	K F	orm of	organization; X Corporation Trust Association Other L	. Year c	f formation: 1984	M State of legal domicile; DC			
DEDICATED TO PRINCIPLES OF FREE ENTERPRISE & LIMITED GOVERNMENT. Check this box	Pa								
B Not unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	Ф								
B Not unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	Š								
B Not unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	ř			more t					
B Not unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	ò					8			
B Not unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	∞ ಶ								
B Not unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	es								
B Not unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	ξį								
Recomplete Section Control C	Ac								
8 Contributions and grants (Part VIII, line 1th) 10,336,502. 9,067,449. 9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 63,159. 147,820. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -274,214. -378,735. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,125,447. 8,836,534. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 377,500. 31,000. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5+10) 4,543,721. 5,494,424. 15 Total fundraising lese (Part IX, column (A), line 11e) 107,823. 113,132. 15 Total expenses (Part IX, column (D), line 25) 1,239,928. 17 Other expenses (Part IX, column (A), line 25) 1,239,928. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,429,275. 8,628,363. 19 Rovenue less expenses. Subtract line 18 from line 12 1,696,172. 208,171. 18 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 4,403,863. 3,543,405. 19 Part II Signature Block 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. Part II Signature of officer	-	D	Net unrelated dusiness taxable income from Form 990-1, Part I, line 11	1					
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), lines 1-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX), column (A), line 25) 19 Revenue less expenses (Part IX, column (B), lines 1-11d, 11f-24e) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Not assets or fund balances. Subtract line 18 from line 20 21 Total assets (Part X, line 16) 22 Not assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Not assets or fund balances. Subtract line 21 from line 20 23 Total assets 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. Preparer Use Only Proparer: Use Only Proparer: Value (Part VIII, column (Pa), lines 3, 4, and 7d) 20 Total servenue (Part VIII, column (A), lines 1-3) 21 Total liabilities (Part X, line 26) 22 Proparer: Prim's address 1899 L STREET, NW #850 Phone no. 202-227-4000		ρ	Contributions and grants (Part VIII. line 1h)						
12 Total revenue (-Part VIII, column (A), lines 2, 60, 60, 70, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1-9) 17 Other expenses (Part IX, column (A), line 2-5) 18 Total fundraising expenses (Part IX, column (A), line 2-5) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Not assets or fund balances. Subtract line 21 from line 20 23 Notal assets or fund balances. Subtract line 21 from line 20 24 Part II Signature Block Number 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. Primt' Type or print name and title Print/Type preparer's name ARRON M. FOX Profile Primt's address 1899 L STREET, NW #850 WASHINGTON, DC 20036 Phone no.202-227-4000	ine	ı							
12 Total revenue (-Part VIII, column (A), lines 2, 60, 60, 70, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1-9) 17 Other expenses (Part IX, column (A), line 2-5) 18 Total fundraising expenses (Part IX, column (A), line 2-5) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Not assets or fund balances. Subtract line 21 from line 20 23 Notal assets or fund balances. Subtract line 21 from line 20 24 Part II Signature Block Number 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. Primt' Type or print name and title Print/Type preparer's name ARRON M. FOX Profile Primt's address 1899 L STREET, NW #850 WASHINGTON, DC 20036 Phone no.202-227-4000	ven								
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,125,447. 8,836,534. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 377,500. 31,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,543,721. 5,494,424. 16a Professional fundraising eses (Part IX, column (A), line 11e) 107,823. 113,132. 15 Total fundraising expenses (Part IX, column (D), line 25) 1,239,928. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,400,231. 2,989,807. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,429,275. 8,628,363. 19 Revenue less expenses. Subtract line 18 from line 12 1,696,172. 208,171. 18 Eaginning of Current Year End of Year 10 1012,425. 9,371,496. 20 Total assets (Part X, line 26) 4,403,863. 3,543,405. 21 Total liabilities (Part X, line 26) 4,403,863. 3,543,405. 22 Net assets or fund balances. Subtract line 21 from line 20 5,608,562. 5,828,091. Part II Signature Block Signature Block Signature of officer KENT LASSMAN, PRESIDENT Type or print name and title Preparer Signature Preparer's signature ARRON M. FOX 03/27/25 Set-amployed P01365820 Preparer Firm's name	æ								
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 377,500. 31,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,543,721. 5,494,424. 16a Professional fundraising fees (Part IX, column (A), line 11e) 107,823. 113,132. 15 Total fundraising expenses (Part IX, column (D), line 25) 1,239,928. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,400,231. 2,989,807. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,429,275. 8,628,363. 19 Revenue less expenses. Subtract line 18 from line 12 1,696,172. 2008,171. 20 Total assets (Part X, line 16) 20 10,012,425. 9,371,496. 21 Total liabilities (Part X, line 26) 4,403,863. 3,543,405. 22 Not assets or fund balances. Subtract line 21 from line 20 5,608,562. 5,828,091. Part II Signature Block Signature Block Signature Block Signature of officer Signature of officer Signature of officer ARON M. FOX 03/27/25 Self-employed P01365820 Print/Type preparer's name Preparer's signature ARON M. FOX 03/27/25 Self-employed P01365820 Prim's name CBIZ ADVISORS, LLC Firm's address 1899 L STREET, NW #850 Phone no. 202-227-4000 Proparer III Signature Signature Signat		1							
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,543,721. 5,494,424. 16a Professional fundraising fees (Part IX, column (A), line 11e) 107,823. 113,132. 113,132. 15 Total fundraising expenses (Part IX, column (D), line 25) 1,239,928. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,400,231. 2,989,807. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,429,275. 8,628,363. 19 Revenue less expenses. Subtract line 18 from line 12 1,696,172. 208,171. 1,696,172. 208,171. 1,696,172. 208,171. 1,696,172. 208,171. 1,696,172. 208,171. 1,696,172. 208,171. 1,696,172. 208,171. 1,696,172. 208,171. 1,696,172. 208,171. 1,696,172. 208,171. 1,696,172. 208,171. 1,696,172. 208,171. 1,696,172. 208,171. 1,696,172. 2,989,807. 1,696,172. 1,696,172. 1,696,172. 1,696,172. 1,696,172. 1,696,172. 1,696,172. 1,696,172. 1,696,172. 1,696,172. 1,696,172. 1,696,172. 1,696,172. 1,696,172.	_			\neg					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,543,721. 5,494,424. 16a Professional fundraising fees (Part IX, column (A), line 11e) 107,823. 113,132. 15 Total fundraising expenses (Part IX, column (D), line 25) 1,239,928. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,400,231. 2,989,807. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,429,275. 8,628,363. 19 Revenue less expenses. Subtract line 18 from line 12 1,696,172. 208,171. 20 Total assets (Part X, line 16) 10,012,425. 9,371,496. 21 Total liabilities (Part X, line 26) 4,403,863. 3,543,405. 22 Net assets or fund balances. Subtract line 21 from line 20 5,608,562. 5,828,091. Part II Signature Block 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. Signature of officer Date Check PTIN Part LASSMAN PRESIDENT Type or print name and title Print/Type preparer's name AARON M. FOX BARON M. FOX 03/27/25 Signature of Officer AARON M. FOX AARON M. FOX 03/27/25 Firm's name CBIZ ADVISORS, LLC Firm's name CBIZ ADVISORS, LLC Firm's name CBIZ ADVISORS, LLC Firm's address 1899 L STREET, NW #850 Phone no. 202-227-4000 Firm's address 1899 L STREET, NW #850 Phone no. 202-227-4000 Phone no. 202-227-4000		ı							
Total fundraising expenses (Part IX, column (A), line 11e) 107,823. 113,132. 17 Other expenses (Part IX, column (A), line 25) 1,239,928. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,429,275. 8,628,363. 19 Revenue less expenses. Subtract line 18 from line 12 10,012,425. 9,371,496. 20 Total assets (Part X, line 16) 10,012,425. 9,371,496. 21 Total liabilities (Part X, line 26) 10,012,425. 9,371,496. 22 Net assets or fund balances. Subtract line 21 from line 20 5,608,562. 5,828,091. Part II Signature Block 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. Part I LASSMAN, PRESIDENT Type or print name and title Print/Type preparer's name ARON M. FOX ARON M. FOX ARON M. FOX ARON M. FOX Firm's name CBIZ ADVISORS, LLC Firm's name CBIZ ADVISORS, LLC Firm's last 88-1478669 WASHINGTON, DC 20036 Phone no.202-227-4000	(0	45			4,543,721.	5,494,424.			
18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10,012,425. 208,171. 10,012,425. 20,371,496. 20 Total assets (Part X, line 16) 10,012,425. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Holder 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 WENT LASSMAN, PRESIDENT Type or print name and title Print/Type preparer's name AARON M. FOX AARON M. FOX AARON M. FOX AARON M. FOX Preparer Use Only Phone no. 202-227-4000 Phone no. 202-227-4000	Se	16a			107,823.	113,132.			
18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10,012,425. 208,171. 10,012,425. 20,371,496. 20 Total assets (Part X, line 16) 10,012,425. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Holder 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 WENT LASSMAN, PRESIDENT Type or print name and title Print/Type preparer's name AARON M. FOX AARON M. FOX AARON M. FOX AARON M. FOX Preparer Use Only Phone no. 202-227-4000 Phone no. 202-227-4000	per	b	Total fundraising expenses (Part IX, column (D), line 25) 1,239,928.						
19 Revenue less expenses. Subtract line 18 from line 12 1,696,172. 208,171.	Щ	17							
Beginning of Current Year End of Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						
Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 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 KENT LASSMAN, PRESIDENT Type or print name and title Print/Type preparer's name AARON M. FOX AARON M. FOX Preparer Use Only Prim's address 1899 L STREET, NW #850 WASHINGTON, DC 20036 Phone no. 202-227-4000		19	Revenue less expenses. Subtract line 18 from line 12		1,696,172.	208,171.			
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 Here KENT LASSMAN, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature AARON M. FOX AARON M. FOX O3/27/25 Firm's name CBIZ ADVISORS, LLC Firm's address 1899 L STREET, NW #850 WASHINGTON, DC 20036 Phone no. 202-227-4000	OF			_					
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 Here KENT LASSMAN, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature AARON M. FOX AARON M. FOX O3/27/25 Firm's name CBIZ ADVISORS, LLC Firm's address 1899 L STREET, NW #850 WASHINGTON, DC 20036 Phone no. 202-227-4000	sets	20	Total assets (Part X, line 16)						
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 Here KENT LASSMAN, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature AARON M. FOX AARON M. FOX O3/27/25 Firm's name CBIZ ADVISORS, LLC Firm's address 1899 L STREET, NW #850 WASHINGTON, DC 20036 Phone no. 202-227-4000	t As	21	,						
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 Here KENT LASSMAN, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature AARON M. FOX AARON M. FOX O3/27/25 Firm's name CBIZ ADVISORS, LLC Firm's address 1899 L STREET, NW #850 WASHINGTON, DC 20036 Phone no. 202-227-4000					5,608,562.	5,828,091.			
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here	_								
Sign Signature of officer Date Nav. 28 Color			1		•	y knowledge and belief, it is			
Here KENT LASSMAN, PRESIDENT	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer r	nas any knowledge.				
Here KENT LASSMAN, PRESIDENT	O:	_	Signature of officer		Date A	1 10 1-25			
Type or print name and title Print/Type preparer's name Paid AARON M. FOX AARON M. FOX 03/27/25 of temployed P01365820 Preparer Firm's name CBIZ ADVISORS, LLC Firm's ell 88-1478669 Use Only Firm's address 1899 L STREET, NW #850 WASHINGTON, DC 20036 Phone no. 202-227-4000					Mari	1- 12 COU			
Print/Type preparer's name	Her	е				/			
Paid AARON M. FOX AARON M. FOX 03/27/25 Self-employed P01365820				D	ate Check	PTIN			
Preparer Use Only Firm's name CBIZ ADVISORS, LLC Firm's EIN 88-1478669 Use Only Firm's address 1899 L STREET, NW #850 Phone no. 202-227-4000	Paid				: ₁	_			
Use Only Firm's address 1899 L STREET, NW #850 WASHINGTON, DC 20036 Phone no. 202-227-4000				, JO.	Firm's FIN 8	8-1478669			
WASHINGTON, DC 20036 Phone no. 202-227-4000									
	_	ž	·		Phone no. 20	2-227-4000			
iviay the indicass this fetalif with the preparer shown above: dee instructions	May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No			

Page 2

Pai	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:
	COMPETITIVE ENTERPRISE INSTITUTE (CEI) IS A NON-PROFIT PUBLIC POLICY
	ORGANIZATION DEDICATED TO THE PRINCIPLES OF FREE ENTERPRISE AND
	LIMITED GOVERNMENT. WE BELIEVE THAT CONSUMERS ARE BEST HELPED NOT BY
	GOVERNMENT REGULATION BUT BY BEING ALLOWED TO MAKE THEIR OWN CHOICES
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$1, 218, 377 • including grants of \$) (Revenue \$)
ча	COMMUNICATIONS AND OUTREACH
	CEI'S COMMUNICATIONS AND OUTREACH DEPARTMENT ASSISTS THE CEI POLICY
	CENTERS WITH THEIR EFFORTS TO DISSEMINATE RESEARCH FINDINGS AND
	ANALYSIS TO VARIOUS AUDIENCES INCLUDING POLICYMAKERS, NEWS MEDIA,
	ALLIED ORGANIZATIONS, AND THE GENERAL PUBLIC. IT ALSO HELPS THE POLICY
	CENTERS BUILD COALITIONS OF LIKE MINDED SCHOLARS, ACTIVISTS, AND OTHER
	STAKEHOLDERS TO ADVANCE THE ORGANIZATION'S MISSION OF PROMOTING THE
	INSTITUTIONS OF LIBERTY AND REMOVING GOVERNMENT-CREATED BARRIERS TO
	ECONOMIC FREEDOM, INNOVATION, AND PROSPERITY.
4b	(Code:) (Expenses \$1,134,989. including grants of \$) (Revenue \$)
	CENTER FOR ECONOMIC FREEDOM
	CHILD COMMED TOD ECONOMIC EDEEDOM ADDRESCES MANY OF MULT INDUGEDING AND
	CEI'S CENTER FOR ECONOMIC FREEDOM ADDRESSES MANY OF THE INDUSTRIES AND
	ACTIVITIES WHERE LONG-ESTABLISHED, AND OFTEN PATERNALISTIC, REGULATORY
	POLICIES TEND TO STYMIE THE CREATION AND EVOLUTION OF NEW PRODUCTS AND SERVICES, TECHNOLOGIES, BUSINESS PRACTICES, AND WORK ARRANGEMENTS. KEY
	ISSUE AREAS INCLUDE BANKING AND SECURITIES REGULATION, CONSUMER
	FINANCE, LABOR LAW AND EMPLOYMENT POLICY, CONSUMER PRODUCT REGULATION,
	AND TRADE POLICY. THESE ISSUE AREAS REQUIRE OUR EXPERTS TO HAVE A FIRM
	UNDERSTANDING OF EXISTING REGULATION, REGULATION'S MONETARY AND SOCIAL
	COSTS, AND AN APPRECIATION OF THE WAY TECHNOLOGY AND INNOVATION PRESENT
	NEW CHALLENGES AND PROSPECTS FOR REFORM.
4c	(Code:) (Expenses \$ 840,323 • including grants of \$) (Revenue \$)
	CENTER FOR LITIGATION
	THE CENTRAL MISSION OF CEI'S CENTER FOR LAW & LITIGATION IS TO
	ENCOURAGE GOVERNMENT BODIES TO COMPLY WITH THE LAW THAT GOVERNS THEM.
	CEI DOES THIS THROUGH REPRESENTATION OF PARTIES IN PUBLIC INTEREST
	LITIGATION, SUBMISSION OF AMICUS BRIEFS, POLICY ANALYSIS AND ADVOCACY,
	GOVERNMENT RECORDS REQUESTS, AND RESEARCH SUPPORT EXTENDED TO CEI'S
	POLICY COLLEAGUES. ISSUES THAT THE CENTER HAS FOCUSED ON IN THE RECENT
	PAST INCLUDE CORPORATE AVERAGE FUEL ECONOMY STANDARDS, CONSUMER
	APPLIANCE ENERGY EFFICIENCY STANDARDS, THE UNIVERSAL SERVICE FEE,
	MUTUAL FUNDS FEES, AND CIVIL FORFEITURE REFORM.
4-1	Other program continue (Deceribe on Schodule O.)
40	Other program services (Describe on Schedule O.) (Expenses \$ 3,630,628 \cdot including grants of \$) (Revenue \$ 17,648 \cdot)
<u>۔۔۔</u>	Total program service expenses 6,824,317.
70	Form 990 (2023)

Form 990 (2023) COMPETITIVE ENTERPRISE INSTITUTE Part IV Checklist of Required Schedules

			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	X	
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		X
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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,		77	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l l	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	المما		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	21	
'	the organization's separate of consolidated final local statements for the tax year molecule a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		\ \ \	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a		20a		X
b	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	,,	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	41	Ь

Pai	rt 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	22		Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23	Х		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		Х	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х	
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):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV				
b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	28c		Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Part VI	37		Х	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
		38	Х		
Pa	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>		
			Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 19)			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)]	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

023) COMPETITIVE ENTERPRISE INSTITUTE

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 44							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
c	If "Yes" to 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 the organization solicit							
Ou	any contributions that were not tax deductible as charitable contributions?	6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa						
Ь	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	OD						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х					
a		7a 7b	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<i>1</i> D	- 23					
С	to file Form 8282?	7c		х				
d		76		21				
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х				
f		7f		X				
g								
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
	sponsoring organization have excess business holdings at any time during the year?							
9								
а								
b								
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	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.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
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							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

332005 12-21-23

Page 6 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI			X	
Sec	tion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8				
	If there are material differences in voting rights among members of the governing body, or if the governing	1			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1			
_	officer, director, trustee, or key employee?	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
·		3		Х	
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
5	Billing and the second of the	6		X	
6	Did the organization have members or stockholders?	F-6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۱ ـ		v	
	more members of the governing body?	7a		_ <u>X</u> _	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			77	
	persons other than the governing body?	7b		_X_	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8a	Х		
b	Each committee with authority to act on behalf of the governing body?	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		_X_	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				
b					
12a	Did the organization have a written conflict of interest policy? If "No, " go to line 13	12a	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done	12c	х		
13	Did the organization have a written whistleblower policy?	13	Х		
14	Did the organization have a written document retention and destruction policy?	14	Х		
15	Did the process for determining compensation of the following persons include a review and approval by independent	-			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official	15a	х		
a b		15b	X		
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	-23		
40-					
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			Х	
	taxable entity during the year?	16a			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
800	exempt status with respect to such arrangements?	16b			
	tion C. Disclosure	т.	TZ CI	TZ 3.7	
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d 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 books and records				
	CARRIE DIAMOND - (202) 331-1010				
	1310 L STREET, NW, 7TH FL, WASHINGTON, DC 20005				
	SEE SCHEDULE O FOR FULL LIST OF STATES	Eorn	aan	(2023)	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	(do box	not c , unle:	Pos heck i ss per	more rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KENT LASSMAN	40.00	Ţ.,		,,				246 601	0	20 607
PRESIDENT	40.00	X		Х		-		346,621.	0.	32,697.
(2) WAYNE CREWS	40.00	┨				3,7		176 647	0	20 006
FRED L. SMITH FELLOW	40.00	<u> </u>		_		Х		176,647.	0.	32,226.
(3) JOEL ZINBERG SENIOR FELLOW	40.00	\cdot				x		183,136.	0.	11,428.
(4) IAIN MURRAY	40.00	\vdash						103/1301	0.	11/1200
VICE PRESIDENT FOR STRATEGY	10.00	1				x		153,963.	0.	30,233.
(5) JESSICA MELUGIN	40.00	\vdash							•	
DIRECTOR OF CENTER FOR TECH & INNO.		1				х		151,865.	0.	8,714.
(6) DANIEL GREENBERG	40.00							,		,
GENERAL COUNSEL		1		х				115,302.	0.	29,387.
(7) AMANDA FRANCE	40.00									
DIRECTOR OF EVENTS				Х				133,154.	0.	9,087.
(8) CARRIE DIAMOND	40.00									
VP OF ADMINISTRATION				Х				137,539.	0.	3,462.
(9) TRAVIS BURK	40.00									
VICE PRESIDENT OF COMMUNICATIONS						Х		132,787.	0.	2,560.
(10) JEAN-CLAUDE GRUFFAT	1.00]								
CHAIRMAN UNTIL 11/23		X						0.	0.	0.
(11) FRED L. SMITH, JR.	1.00]								
FOUNDER, DIRECTOR		X						0.	0.	0.
(12) KRISTINA CRANE	1.00									
DIRECTOR		X						0.	0.	0.
(13) MICHAEL S. GREVE	1.00	1						_	_	_
DIRECTOR		X						0.	0.	0.
(14) DANA MODZELEWSKI	1.00	ļ						_		_
DIRECTOR		X						0.	0.	0.
(15) GEOFFREY POHANKA	1.00	┨								
DIRECTOR	1 00	X		_				0.	0.	0.
(16) RICHARD TREN	1.00	 								_
DIRECTOR UNTIL 11/23 THEN CHAIRMAN	1 00	X		_		_		0.	0.	0.
(17) TODD ZYWICKI	1.00	٠,,								_
DIRECTOR		Х		<u> </u>				0.	0.	0.

332007 12-21-23 Form **990** (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	Average hours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						n an	(D) (E) Reportable Reportable compensation compensatio from from related			(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	IISC/ from the			e ion ed
										_			
1b Subtotal c Total from continuation sheets to Part VI								1,531,014.		0.	<u> 15</u>	9,7	$\frac{94.}{0.}$
d Total (add lines 1b and 1c)								1,531,014.		0.	15	9,7	
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	ı			1 /
compensation from the organization												Yes	14 No
3 Did the organization list any former officer			-				_	•	•				77
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150	•							•	-		4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," con					-			=			5		х
Section B. Independent Contractors	ірівте Эспвайт) J 10	or su	ich į	oers	ON .							
 Complete this table for your five highest co the organization. Report compensation for 	-								•	ensati	ion fro	om	
(A) Name and business		ai e	nun	ig w	IUIC	JI VVI		(B) Description of s		C,	(C ompe	>) nsatio	n
MVP PRESS, 43671 TRADE CE	ENTER PL	AZ.	Α,	S	ΤE							o -	0.0
154, DULLES, VA 20166 OCCASIONS CATERING							\dashv	PRINTING			_∠∪.	2,5	89.
655 TAYLOR ST. NE, WASHIN	IGTON, D							CATERING			17	6,7	37.
DAVIDSON & COMPANY DONOR 2127 CALIFORNIA ST. NW, #							- 1	FUNDRAISING CONSULTANTS			112,788.		
						<u>, </u>							
							\dashv						
 Total number of independent contractors (i \$100,000 of compensation from the organi 	=	ot lin	nited	to ·	thos 3		ted	above) who received mo	ore than				

		Check if Schedule O contains a response or	r note to any line	e in this Part VIII			
		Check is considered a contained a response of	rioto to arry iiri	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
, Grants mounts	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, G Mm	c	Fundraising events	166,109.				
iifts ar /	c	d Related organizations delta					
s, G	6	Government grants (contributions)					
on: Si	f	All other contributions, gifts, grants, and					
bel		similar amounts not included above 1f	8,901,340.				
ξĖ	,	Noncash contributions included in lines 1a-1f	11,188.				
lo Ind	E	Total. Add lines 1a-1f	,	9,067,449.			
0 0			Business Code	, , ,			
		<u> </u>	Dusiness code				
ice	2 8						
erv	b						
n S	C	·					
rar 3ev	C	i					
Program Service Revenue	e						
Ь		All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		146,960.			146,960.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	ŀ	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a 9,511,215.	63,481.				
		Less: cost or other basis	,				
o.	L .		62,721.				
her Revenue			760.				
эле		. ,	· ·	860.			0.00
Ā		l Net gain or (loss)		860.			860.
	8 8	a Gross income from fundraising events (not					
ō		including \$ 166,109. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	130,691.				
	b	Less: direct expenses 8b	527,074.				
	c	Net income or (loss) from fundraising events		-396,383.			-396,383.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
	_	· · · · · · · · · · · · · · · · · · ·	Business Code				
SIN	44.		900099	17,000.	17,000.		
leo ne	11 a		900099	860.	860.		
llan	b		900099				
Miscellaneous Revenue	•		200022	-212.	-212.		
Mis	۰ (All other revenue		15 (40			
	-	Total. Add lines 11a-11d		17,648.	15 640		249 562
	12	Total revenue. See instructions		8,836,534.	17,648.	0.	-248,563.

332009 12-21-23

Secti	on 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 respons	(-)			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	31,000.	31,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,				
	trustees, and key employees	940,141.	453,831.	228,301.	258,009.
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	3,736,069.	3,224,538.	58,660.	452,871.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	39,614.	23,118.	2,096.	14,400.
9	Other employee benefits	421,063.	351,489.	4,849.	14,400. 64,725.
10	Payroll taxes	357,537.	293,966.	20,432.	43,139.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	45,451.	28,832.		16,619.
С	Accounting	107,247.		107,247.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	113,132.			113,132.
f	Investment management fees	150.		150.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	607,816.	583,369.	15,441.	9,006.
12	Advertising and promotion	46,659.	46,659.		
13	Office expenses	227,883.	181,318.	24,715.	21,850.
14	Information technology	184,990.	135,216.	15,569.	34,205.
15	Royalties				
16	Occupancy	773,471.	660,743.	24,532.	88,196.
17	Travel	220,679.	186,032.	1,740.	32,907.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	207,718.	206,639.	412.	667.
20	Interest	4,953.	3,924.	505.	524.
21	Payments to affiliates	1 4 1 4 4 1	116 -00	2 225	15 500
22	Depreciation, depletion, and amortization	141,147.	116,590.	8,995.	15,562.
23	Insurance	52,511.	44,877.	1,505.	6,129.
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 O.)				
а	DIRECT MAIL	285,814.	184,282.	33,871.	67,661.
a b	BOOKS & SUBSCRIPTIONS	68,318.	67,894.	98.	326.
C	BAD DEBT	15,000.	2.,0510	15,000.	5201
d				==,,,,,,,,	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,628,363.	6,824,317.	564,118.	1,239,928.
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 X if following SOP 98-2 (ASC 958-720)	398,946.	297,414.	33,871.	67,661.

332010 12-21-23

Form 990 (2023)

Part X | Balance Sheet

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	995,519.	1	1,090,300.
	2	Savings and temporary cash investments	2,751,189.	2	3,527,374.
	3	Pledges and grants receivable, net	1,910,000.	3	984,500.
	4	Accounts receivable, net	10,574.	4	11,872.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	273,833.	9	364,768.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,860,572. 10b 1,452,589.			
	b	Less: accumulated depreciation 10b 1,452,589.	426,915.	10c	407,983.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	684,990.	12	702,260.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,959,405.	15	2,282,439.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,012,425.	16	9,371,496.
	17	Accounts payable and accrued expenses	575,471.	17	576,961.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab.		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	3,828,392.	25	2,966,444.
	26	of Schedule D Total liabilities. Add lines 17 through 25	4,403,863.	25 26	3,543,405.
	20	Organizations that follow FASB ASC 958, check here	4,403,003	20	3,343,403
Se		and complete lines 27, 28, 32, and 33.			
ınce	27	Net assets without donor restrictions	4,897,417.	27	5.104.366.
3ala	28	Net assets with donor restrictions	711,145.	28	5,104,366. 723,725.
JQ E	20	Organizations that do not follow FASB ASC 958, check here	,,		,20,,201
Fur		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
٨ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	5,608,562.	32	5,828,091.
Z	33	Total liabilities and net assets/fund balances	10,012,425.	33	9,371,496.
			,,,		Form 990 (2023)

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	8,83	<u>6,5</u>	<u>34.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,62	8,3	<u>63.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		8,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,60	8,5 1,3		
5	5 Net unrealized gains (losses) on investments					
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	5,82	8,0	<u>91.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	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	basis,				
	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	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 Sch	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b			
3a b	If the organization changed either its oversight process or selection process during the tax year, explain on Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	edule O. red audit	3a	X	Х	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public

Inspection
Employer identification number

COMPETITIVE ENTERPRISE INSTITUTE 52-1351785 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	ction A. Public Support	,,		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	• •	• •	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	6696253.	6747372.	7868382.	10336502.	9067449.	40715958.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6696253.	6747372.	7868382.	10336502.	9067449.	40715958.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4169064.
6	Public support. Subtract line 5 from line 4.						36546894.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	6696253.	6747372.	7868382.	10336502.	9067449.	40715958.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	101,695.	100,252.	103,655.	108,130.	163,960.	577,692.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	122.	16,442.	3,467.	9,663.	860.	
11	Total support. Add lines 7 through 10					_	41324204.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	49,524.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	88.44 %
15	Public support percentage from 2022	Schedule A, Part	I, line 14			15	88.83 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	•					
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	ınd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	∍ 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, chec	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	ılifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2023

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

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

Sec	etion A. Public Support	now, piedee comp	note i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
7a	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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		,				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10 a	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						
C	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.)		<u> </u>			1	
14	First 5 years. If the Form 990 is for th	ŭ			•	(,(,	· —
C	check this box and stop here						
	ction C. Computation of Public					T I	
	Public support percentage for 2023 (li					15	<u>%</u>
	Public support percentage from 2022 etion D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	<u> </u>
	Investment income percentage from 2					18	
	33 1/3% support tests - 2023. If the			on line 14, and line			
.56	more than 33 1/3%, check this box an						
h	33 1/3% support tests - 2022. If the	-					nd
	line 18 is not more than 33 1/3%, chec	-					
20	Private foundation. If the organization			•		•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

_		Yes	No
	1		
ľ	•		
ŀ	2		
	3a		
f	<u> </u>		
ŀ	3b		
	3с		
Ī			
-	4a		
	4b		
ſ			
	4c		
f			
	5a		
Ī			
ŀ	5b		
ŀ	5c		
	_		
ŀ	6		
	7		
}	88		
-	9a		
	9b		
ļ	- JN		
	9с		
	10a		
ļ			
	10b		<u> </u>

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	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			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		100	110
	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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			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			
	the supported organization(s).	1 1		
	ion D. All Type III Supporting Organizations			
			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 1		
	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		
	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			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
· a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	ie)	
2	Activities Test. Answer lines 2a and 2b below.	suucuon	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.	2a	\vdash	
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	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			
	these activities but for the organization's involvement.	2b	\vdash	
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Voc " describe in Part VI the role played by the organization in this regard	3h	, ,	

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	,
Sect	on 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	on 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	on 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-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)					
Sect	on D - Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ified set-aside amounts (prior IRS approval required - provide details in Part VI)							
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the								
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2023 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount			10					
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	าร	(iii) Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
а	From 2018								
b	From 2019								
С	From 2020								
	From 2021								
	From 2022								
	Total of lines 3a through 3e								
a	Applied to underdistributions of prior years								
	Applied to 2023 distributable amount								
i	Carryover from 2018 not applied (see instructions)								
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
-	line 7:								
а	Applied to underdistributions of prior years								
	Applied to 2023 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h								
•	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3								
•	and 4c.								
8	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
•	LANGUE I VIII EVE I								

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023 Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS 2019 AMOUNT: \$ 122. 2020 AMOUNT: 16,442. 3,467. 2021 AMOUNT: 2022 AMOUNT: 9,663. 2023 AMOUNT: 860.

Schedule B

(Form 990)

Schedule of Contributors

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Schedule B (Form 990) (2023)

OMB No. 1545-0047

52-1351785 COMPETITIVE ENTERPRISE INSTITUTE Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-FZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

COMPETITIVE ENTERPRISE INSTITUTE

52-1351785

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,800,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,045,700.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$ <u>403,000.</u>	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

COMPETITIVE ENTERPRISE INSTITUTE

52-1351785

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 385,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ 315,220.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>9</u>		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number

COMPETITIVE ENTERPRISE INSTITUTE

52-1351785

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023) Page **4**

Name of organization Employer identification number COMPETITIVE ENTERPRISE INSTITUTE 52-1351785 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Open to Pu

OMB No. 1545-0047

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** COMPETITIVE ENTERPRISE INSTITUTE 52-1351785 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes No b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 4 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political contributions received and filing organization's funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

Sche	edule C (F	orm 990) 2023	COMPETIT	IVE	ENTERPRISE	INSTITUTE		351785 Page 2
Pa	rt II-A	Complete if the org	anization is	exem	pt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
		section 501(h)).						
A (Check	if the filing organiza	ition belongs to	an affili	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
		expenses, and shar	re of excess lob	bying e	xpenditures).			
<u>B</u> (Check	if the filing organiza	tion checked b	ox A an	d "limited control" pro	visions apply.		
		expenses, and share of excess lobbying expenditures). Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Fotal lobbying expenditures to influence public opinion (grassroots lobbying) Fotal lobbying expenditures to influence a legislative body (direct lobbying) Fotal lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Fotal exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: 100% of the amount on line 1e.			(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lob	bying expenditures to influ	uence public op	inion (g	rassroots lobbying)		0.	
b	Total lob	bying expenditures to influ	uence a legislati	ve bod	y (direct lobbying)		28,033.	
С	Total lob	bying expenditures (add li	nes 1a and 1b)				28,033.	
d							9,014,272.	
е	Total ex	empt purpose expenditure	s (add lines 1c	and 1d)			9,042,305.	
f	Lobbyin	g nontaxable amount. Ente	er the amount fr	om the	following table in both	ocolumns.	602,115.	
	If the am	ount on line 1e, column (a) o	or (b) is: T	he lobb	oying nontaxable amo	ount is:		
	not over	\$500,000,	2	.0% of t	he amount on line 1e.			
over \$500,000 but not over \$1,000,000,			,000, \$	\$100,000 plus 15% of the excess over \$500,000.				
	over \$1,	000,000 but not over \$1,50	00,000, \$	\$175,000 plus 10% of the excess over \$1,000,000.				
	over \$1,	500,000 but not over \$17,0	000,000, \$	225,00	0 plus 5% of the exces	ss over \$1,500,000.		
	over \$17	7,000,000,	\$	1,000,0	000.			
g	Grassro	ots nontaxable amount (en	iter 25% of line	1f)			150,529.	
h	Subtrac	t line 1g from line 1a. If zer	o or less, enter	-0			0.	
i	Subtrac	t line 1f from line 1c. If zero	o or less, enter -	0			0.	
j	lf there i	s an amount other than ze	ro on either line	1h or li	ine 1i, did the organiza	ition file Form 4720		
	reporting	g section 4911 tax for this	year?					Yes No
		(Some organizations t	hat made a sec	tion 50	01(h) election do not h	nave to complete all	of the five columns be	olow.
			Lobbying	Expen	ditures During 4-Yea	r Averaging Period		
		Calendar year al year beginning in)	(a) 2020		(b) 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbyin	g nontaxable amount	482,2	200.	507,120.	566,073.	602,115.	2,157,508.
b	,	g ceiling amount f line 2a, column(e))						3,236,262.
С	Total lok	obying expenditures	28,4	92.	37,801.	25,027.	28,033.	119,353.

Schedule C (Form 990) 2023

539,377.

809,066.

1,745.

150,529.

126,780.

42.

141,518.

120,550.

1,703.

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Fore	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	3 (1 1 1 3)				
	Media advertisements? Mailings to members, legislators, or the public?				
g	Direct and the latest the first term of the latest				
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
 i	Other activities?				
i					
-	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
_	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."	'No" OR (t) Part I		3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year				
С					
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the e				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
_	expenditures next year?		. 4		
5 Par	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see	
ınstrı	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Name of the organization

COMPETITIVE ENTERPRISE INSTITUTE

Employer identification number 52-1351785

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds	or Ac	coun	ts. Complete if the
	organization anomorous role of rollingoo, ratery, in a	(a) Donor ad	vised	I funds	(b) Fun	ds and other accounts
1	Total number at end of year	, ,				-	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the asset	s held	d in donor advise	ed fund	ls	
	are the organization's property, subject to the organization's e	exclusive legal contro	ol?				Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any	other purpose o	conferri	ng	
	impermissible private benefit?						Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered	"Yes	" on Form 990, F	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	oly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cor	ntribu	tion in the form o	of a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included on line 2c acqui	-					
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the peri		pecti	on, handling of			
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations	s, and	d enforcing cons	ervatio	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	d enfo	orcing conservat	ion eas	sement	ts during the year
8	Does each conservation easement reported on line 2d above	eatisfy the requireme	ante i	of section 170(h)	M/R)(i)		
Ŭ	and section 170(h)(4)(B)(ii)?	-					Yes No
9	In Part XIII, describe how the organization reports conservation						
•	balance sheet, and include, if applicable, the text of the footn			•			
	organization's accounting for conservation easements.	g					
Par	t III Organizations Maintaining Collections of	Art, Historical	Гrea	sures, or Otl	her S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement ai	nd bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educa	tion,	or research in fu	rtheran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	ribes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and b	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furth	erance	of put	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treat	asures, or other simil	ar as	sets for financial	gain, p	orovide	<u> </u>
	the following amounts required to be reported under FASB AS	SC 958 relating to th	ese i	tems:			
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

332051 09-28-23

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

Schedule D (Form 990) 2023

	t III Organizations Maintaining Co	ollections of Art				r Othe	r Siı			S (continu		age Z
3	Using the organization's acquisition, accession	n. and other records	s. check	anv of the f	ollowing that	t make s	sianifi	cant u	se of its	,		
	collection items (check all that apply).	,	,	,	3		3					
а												
b												
_	c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
4		•		-	•				e in Part	AIII.		
5	During the year, did the organization solicit or									٦ ٧		1
Dai	to be sold to raise funds rather than to be mai									_ Yes		No
Га	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te ii the	organizatior	n answered "	Yes" on	FORM	1 990,	Part IV, II	ne 9, or		
19	ls the organization an agent, trustee, custodia		lian/ for	contribution	s or other as	sets no	tincli	ıded				
Ia										Yes		No
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								L	_ res		NO
р	ir "Yes," explain the arrangement in Part XIII a	na complete the fol	iowing to	abie:			Г	Т		Amount		—
							F	_		Amount		
С	Beginning balance						г	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or cu	istodial acco	unt liabi	lity?		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.											
Pai	t V Endowment Funds Complete if t	he organization ans	wered "	Yes" on For								
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d)	Three ye	ears back	(e) Four	/ears l	pack
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curre	nt year end halance	line 1c	L column (a)	I) hold as:					<u> </u>		
	Board designated or quasi-endowment	•	06 06	,, oolallii (a)	n noid do.							
a			_′°									
С												
•	The percentages on lines 2a, 2b, and 2c shou	•	41				L _					
За	Are there endowment funds not in the posses	sion of the organiza	tion tha	t are neid ar	na aaministei	rea tor ti	ne			Г	Yes	No.
	organization by:										168	No
										3a(i)	\dashv	
_										3a(ii)	\dashv	
b	If "Yes" on line 3a(ii), are the related organizati									3b		
4	Describe in Part XIII the intended uses of the d		wment f	unds.								
Pai	t Ⅵ											
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X	, line	10.				
	Description of property	(a) Cost or o		` '	or other			nulate	d	(d) Book	value)
		basis (investn	nent)	basis	(other)	d€	prec	iation				
1a	Land											
b	Buildings											
С	Leasehold improvements			1,03	0,574.			3,69		316	, 87	15 .
	Equipment				0,284.		505	5,74	3.		, 54	
	Other				9,714.			3,14			, 56	
	I. Add lines 1a through 1e. (Column (d) must eg	*	X. line 10							407		

Schedule D (Form 990) 2023

D4 V/III	luca de cadaca a sada	Otlean Caarmitiaa	
Schedule D	(Form 990) 2023	COMPETITIVE	ENTERPRISE

Part VII Investments - Other Securities	HATEKIKIDE II	32	1 1331703 Page 0
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INSURANCE ANNUITY			
(B) CONTRACTS	702,260.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	702,260.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	 	<u> </u>	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 000 Dort IV line 1	1d See Form 000 Port V line 15	
	Description	Td. See Form 990, Fart A, line 15.	(b) Book value
	Description		61,832.
	C E T		2,205,428.
(2) OPERATING RIGHT OF USE AS (3) FINANCE RIGHT OF USE ASSE			15,179.
	<u> </u>		15,175
<u>(4)</u>			
(5)			
<u>(6)</u>			+
<u>(7)</u> (8)			+
(9)			-
Total. (Column (b) must equal Form 990, Part X, line 15, co	V (P))		2,282,439.
Part X Other Liabilities	ייי. (ש)		1 2,202,400.
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	2,946,074.
(3) FINANCE LEASE LIABILITY	20,370.
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,966,444.

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

Schedule D (Form 990) 2023

Par	Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s With	Revenue per Re	turn	
_				1	9,434,103.
1					9,434,103.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا	11 358		
a	Net unrealized gains (losses) on investments	2a 2b	11,358. 59,137.		
b	Donated services and use of facilities	2c	33,137.		
C C	Recoveries of prior year grants Other (Describe in Part XIII.)	2d	527,074.		
d	Other (Describe in Part XIII.)			0.	597,569.
e	Add lines 2a through 2d			2e 3	8,836,534.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				0,030,334.
-	Investment expenses not included on Form 990, Part VIII, line 7b	امدا			
a b	Other (Describe in Part XIII.)	4a 4b			
		4 D		4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5	8,836,534.
	t XII Reconciliation of Expenses per Audited Financial Statemer	ts With	n Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	9,214,574.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				· · ·
а	Donated services and use of facilities	2a	59,137.		
b	Prior year adjustments	2b	•		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	527,074.		
е	Add lines 2a through 2d			2e	586,211.
3	Subtract line 2e from line 1			3	8,628,363.
4	Amounts included on Form 990, Part IX, line 25, 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			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,628,363.
Pai	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			; Part X	., line 2; Part XI,
PAF	T X, LINE 2:				
CE]	REVIEWS AND ASSESSES ALL ACTIVITIES ANNUAL	LY T	O IDENTIFY	ANY	CHANGES
IN	THE SCOPE OF THE ACTIVITIES AND REVENUE SOU	RCES	AND THE TA	X TF	REATMENT
тнг	REOF, TO IDENTIFY ANY UNCERTAINTY IN INCOME	! TAX	ES. FOR THE	YEZ	AR ENDED
-	TEMBER 30, 2024, MANAGEMENT DID NOT IDENTIF				
TAX	ES REQUIRING RECOGNITION OR DISCLOSURE IN T	HESE	FINANCIAL	STAT	'EMENTS.
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:				
<u>FUN</u>	DRAISING EVENT EXPENSES				527,074.
— PAF	T XII, LINE 2D - OTHER ADJUSTMENTS:				
FUN	DRAISING EVENT EXPENSES 09-28-23			_	527,074.
332054	09-28-23			Sched	ule D (Form 990) 2023

Schedule D (Form 990) 2023	COMPETITIVE	ENTERPRISE	INSTITUTE	52-1351785	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	rmation (continued)				
1 2 2	(oonenaca)				
-					
-					
-					

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

vaiii	ic of the organization					Employer identi	
COL	MPETITIVE ENT	ERPRISE :	INSTITUTI	3		52-135178	35
Pa				side the United States. Comple	ete if the organ		
	Form 990, Part N	V, line 14b.					
1	For grantmakers. Does	s the organizatior	n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
	the grantees' eligibility f	or the grants or a	ıssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
_							
2	=	cribe in Part V the	organization's p	procedures for monitoring the use of its	grants and oth	ner assistance outs	side the
_	United States.	be fellowing Dort	l line O table as	on he dumlicated if additional appear is a	d - d \		
3	(a) Region	(b) Number of	(c) Number of	n be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d)	(f) Total
	(-) g	offices	employees,	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	émployees, agents, and independent	gram services, investments, grants to		specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
URC	OPE (INCLUDING				HELD A CONF	ERENCE IN	
CEI	LAND & GREENLAND)	0	0	PROGRAM SERVICES	SCOTLAND		159,994.
							+
							+
	Culatatal	0	0				159,994.
	Subtotal		<u> </u>				133,334.
Ŋ	Total from continuation sheets to Part I	0	0				0.
c	Totals (add lines 3a						†
J	and 3h)	0	0				159 994.

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

Schedule F (Form 990) 2023

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. Part II

COMPETITIVE ENTERPRISE INSTITUTE

(i) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
(h) Description of noncash assistance					Sched
(g) Amount of noncash assistance					
(f) Manner of cash disbursement					ecognized as a tax ivalency letter
(e) Amount of cash grant					oreign country, r ion 501(c)(3) equ
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities
(c) Region					is listed above that are re r for which the grantee o r entities
(b) IRS code section and EIN (if applicable)					ecipient organization rization by the IRS, o other organizations o
1 (a) Name of organization					 2 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for which 3 Enter total number of other organizations or entities

35

Page 3

COMPETITIVE ENTERPRISE INSTITUTE

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. Schedule F (Form 990) 2023

Part III can be duplicated if additional space is needed.

						23
(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2023
(g) Description of noncash assistance						Schedt
(f) Amount of noncash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						-
(c) Number of recipients						
(b) Region						
(a) Type of grant or assistance (b) Region						

Page 4

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 52-1351785 COMPETITIVE ENTERPRISE INSTITUTE Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations **e** X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) DAVIDSON & COMPANY DONOR Yes No ACQUISITION AND DEVELOPMENT FUNDRAISING CONSULTING Х 174,620 113,132. 61,488. 174 620. 113 132. 61.488. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr				ts greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			G		NONE	(add col. (a) through				
			SIMON DINNER	(4-4-1	col. (c))				
<u>e</u>			(event type)	(event type)	(total number)					
Revenue			206 900			206 000				
Re	1	Gross receipts	296,800.			296,800.				
	9	Less: Contributions		166,109.						
	_	Less. Contributions	166,109.			100,103.				
	3	Gross income (line 1 minus line 2)	130,691.			130,691.				
		, , , , , , , , , , , , , , , , , , , ,	•							
	4	Cash prizes								
		Noncash prizes								
ses			F 4 475			F4 475				
per	6	Rent/facility costs	54,475.			54,475.				
Direct Expenses	_	Food and haverens	81,938.			81,938.				
irec	′	Food and beverages	01,930.			01,550.				
Ω		Entertainment	35,474.			35,474.				
	9	Other direct expenses	35,474. 355,187.			355,187.				
	10	Direct expense summary. Add lines 4 through				527,074.				
		Net income summary. Subtract line 10 from li				-396,383.				
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than										
		\$15,000 on Form 990-EZ, line 6a.				1				
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue				bingo, progracoiva bingo		con (a) through con (b)				
Be	1	Gross revenue								
		aross revenus								
"	2	Cash prizes								
Direct Expenses										
xbe	3	Noncash prizes								
i S										
)ire	4	Rent/facility costs								
_	_	Other direct even energy								
	<u> </u>	Other direct expenses	Yes %	Yes %	Yes %					
	6	Volunteer labor	No	No						
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
_	_									
9		ter the state(s) in which the organization condu								
		the organization licensed to conduct gaming a				Yes No				
i.	11	No," explain:								
	_									
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No				
b	lf "	Yes," explain:								
	_									

332082 09-13-23 Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 COMPETITIVE ENTERPRISE INSTITUTE 5	02-1351785 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
b An outside facility	13b 9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	ınt
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
- · · · · · · · · · · · · · · · · · · ·	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	
organization's own exempt activities during the tax year \$	110
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	nd Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, , , ,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:
(I) NAME OF FUNDRAISER:	
DALITHOON & COMPANY DONOR ACCUTATION AND DEVELOPMENT	
DAVIDSON & COMPANY DONOR ACQUISITION AND DEVELOPMENT	
(I) ADDRESS OF FUNDRAISER:	
2127 CALIFORNIA ST. NW, #104, WASHINGTON, DC 20008	

Schedule G	(Form 990)	COMPETITIVE	ENTERPRISE	INSTITUTE	52-1351785	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				
		(сенинава)				
						

SCHEDULE (Form 990) Department of the Treasury

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

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

Attach to Form 990.

Open to Public

OMB No. 1545-0047

≗ □ **Employer identification number** 52-1351785 Inspection X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States COMPETITIVE ENTERPRISE INSTITUTE General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Internal Revenue Service Part I Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule I (Form 990) 2023					Form 990.	ne Instructions for	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
• 0					table	s listed in the line	3 Enter total number of other organizations listed in the line 1 table
2.				e line 1 table	ganizations listed in the	nd government orç	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
SPONSORSHIP STATE LEADERS TO CONFERENCE	V, E		0.	16,000.	501 (C)(3)	57-0952531	STATE POLICY NETWORK 1500 WILSON BLVD, SUITE 600 ARLINGTON, VA 22209
GENERAL SUPPORT OF ORGANIZATION	V		0.	15,000.	501 (C)(3)	52-1928321	AMERICA'S FUTURE FOUNDATION 1367 CONNECTICUT AVE NW, STE 200 WASHINGTON, DC 20036
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(e) Amount of noncash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government

Page 2

(f) Description of noncash assistance

(e) Method of valuation (book, FMV, appraisal, other)

(d) Amount of noncash assistance

(c) Amount of cash grant

(b) Number of recipients

(a) Type of grant or assistance

Schedule I (Form 990) 2023 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 332102 11-01-23 Part IV

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

COMPETITIVE ENTERPRISE INSTITUTE

[Part I | Questions Regarding Compensation]

Employer identification number 52-1351785

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
First-class or charter travel Housing allowance or residence for personal use							
Travel for companions Payments for business use of personal residence							
Tax indemnification and gross-up payments X Health or social club dues or initiation fees							
Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?							
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
establish compensation of the CEO/Executive Director, but explain in Part III.							
Compensation committee Written employment contract							
Independent compensation consultant							
X Form 990 of other organizations X Approval by the board or compensation committee							
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
organization or a related organization:			х				
a Receive a severance payment or change-of-control payment?							
b Participate in or receive payment from a supplemental nonqualified retirement plan?							
c Participate in or receive payment from an equity-based compensation arrangement?							
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
contingent on the revenues of:	5a		х				
a The organization?							
b Any related organization?							
If "Yes" on line 5a 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 compensation							
contingent on the net earnings of:	60		х				
a The organization?	6a		X				
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		<u> </u>				
If "Yes" on line 6a 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							
not described on lines 5 and 6? If "Yes," describe in Part III	7	х					
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	'	<u> </u>					
: '''	8		х				
Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
Regulations section 53.4958-6(c)?	9						

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

Schedule J (Form 990) 2023

52-1351785

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

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

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

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KENT LASSMAN	(E)	301,621.	45,000.	0	6,600.	26,097.	379,318.	0
PRESIDENT	(ii)	0.	0 0	0	• 0	0	0.	0
(2) WAYNE CREWS	(3)	176,647.	0.	0	3,669.	28,557.	208,873.	0
FRED L. SMITH FELLOW	(ii)	0.	0 0	0	• 0	0	0.	0
(3) JOEL ZINBERG	(i)	183,136.	0.	.0	3,703.	7,725.	194,564.	0
SENIOR FELLOW	⊞	0	0.	• 0	• 0	0	0.	• 0
(4) IAIN MURRAY	(3)	150,993.	2,970.	0	3,282.	26,951.	184,196.	0
VICE PRESIDENT FOR STRATEGY	(ii)	0.		0	• 0	0		• 0
(5) JESSICA MELUGIN	(i)	141,206.	10,659.	0	1,300.	7,414.	160,579.	0
DIRECTOR OF CENTER FOR TECH & INNO.	(ii)	0.	0.	0	• 0	0.	0.	0
	(i)							
	(ii)							
	ε							
	(
	(3)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(I)							
	<u> </u>							
	Θ							
	<u> </u>							
	Θ							
	(ii)							
	(i)							
	(ii)							
	(I)							
	<u> </u>							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2023

Information
Supplemental
Part III

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.

PART I, LINE 1A:	CEI PAID THE MEMBERSHIP FEES FOR THE UNION LEAGUE CLUB FOR KENT LASSMAN IN	ORDER TO HAVE A LOCATION FOR EVENTS IN NEW YORK, AS THE UNION LEAGUE CLUB	DOES NOT HOLD EVENTS FOR NON-MEMBERS.		PART I, LINE 7:	THE BOARD OF DIRECTORS DETERMINES THE BONUS FOR THE PRESIDENT. THE	PRESIDENT DETERMINES THE BONUS FOR ALL OTHER OFFICERS AND STAFF.												Schedule J (Form 990) 2023
------------------	--	---	---------------------------------------	--	-----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	----------------------------

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COMPETITIVE ENTERPRISE INSTITUTE

Employer identification number 52-1351785

PARTIII, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN A FREE MARKETPLACE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CENTER FOR ENERGY AND ENVIRONMENT - CEI'S CENTER FOR ENERGY AND ENVIRONMENT MAKES THE POSITIVE CASE FOR ABUNDANT ENERGY AND PROMOTES ENVIRONMENTAL POLICIES BASED ON ECONOMIC FREEDOM PROPERTY RIGHTS, AND LIMITED GOVERNMENT. THE CENTER WORKS TO COMBAT THE BELIEF THAT PROSPERITY THREATENS THE ENVIRONMENT, THAT THE ANSWER TO EVERY ENVIRONMENTAL CHALLENGE IS MORE REGULATION AND THAT RISKS CAN BE ABOLISHED BY LIMITING HUMAN INGENUITY. EXPENSES \$ 1,142,260. INCLUDING GRANTS OF \$ 0. REVENUE CENTER FOR TECHNOLOGY AND INNOVATION - CEI'S CENTER FOR TECHNOLOGY AND INNOVATION STRIVES TO KEEP THE REGULATORY STATE FROM ENCROACHING UPON FRONTIER INDUSTRIES AND ENSURE THAT 21ST CENTURY TECHNOLOGIES ARE NOT SHACKLED BY 20TH CENTURY REGULATIONS. THE CENTER WORKS TO ADVANCE MARKET DISCIPLINE AS SUPERIOR TO REGULATORY INTERVENTION; WE LEGITIMIZE MARKET PROCESSES AND FORESTALL GOVERNMENTAL RESTRICTIONS ON WEALTH CREATION. EXPENSES \$ 724,896. INCLUDING GRANTS OF \$ 0. REVENUE \$ OTHER PROGRAMS EXPENSES \$ 1,763,472. REVENUE \$ 17,648. INCLUDING GRANTS OF \$ 0.

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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization

COMPETITIVE ENTERPRISE INSTITUTE

Employer identification number 52-1351785

THE DRAFT VERSION OF THE FEDERAL FORM 990 IS REVIEWED BY THE PRESIDENT, THE VICE PRESIDENT OF ADMINISTRATION, AS WELL AS THE FULL BOARD OF DIRECTORS.

AFTER THE REVIEW, ANY CHANGES NEEDED ARE MADE BY THE TAX RETURN PREPARER.

THE FINAL FEDERAL FORM 990 IS THEN ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE.

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

EMPLOYEES CONSULT WITH THEIR DIRECT SUPERVISOR OVER ANY AREAS THAT COULD BE

CONFLICTS OF INTEREST. IF THE SUPERVISOR BELIEVES THE ISSUE NEEDS TO BE

ADDRESSED AT A HIGHER LEVEL THE SUPERVISOR CAN THEN MOVE THE DISCUSSION UP

THE CHAIN OF COMMAND WITHIN CEI. UNDER CEI'S CONFLICT OF INTEREST POLICY,

BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE

STATEMENT.

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

THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS BASED
ON COMPARABILITY DATA. A COMPENSATION STUDY WAS CONDUCTED IN OCTOBER 2022.
THE BOARD REVIEWED THE PRESIDENT'S COMPENSATION USING THIS STUDY AND MADE
ANY ADJUSTMENTS THEY DEEMED APPROPRIATE.

COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS HANDLED BY THE PRESIDENT AND

A GROUP OF SENIOR STAFF. THE COMPENSATION IS EVALUATED BASED ON PERFORMANCE

AND COMPARABILITY DATA WITH OTHER SIMILAR ORGANIZATIONS IN THE WASHINGTON,

DC AREA.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH

OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,DC,NV

Name of the organization	Employer identification number 52-1351785
COMPETITIVE ENTERPRISE INSTITUTE	32-1351/85
FORM 990, PART VI, SECTION C, LINE 19:	
CEI DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF	INTEREST POLICY
AVAILABLE TO THE PUBLIC. THE MOST RECENT AUDITED FINANCIA	L STATEMENTS AND
FEDERAL FORM 990 ARE AVAILABLE ON THE WEBSITE.	