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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	For th	e 2014 calendar year, or tax year beginning $$ OCT $$ $$ $$ 1 $$ $$ $$ 2 $$ $$ 0 $$ $$ $$ and $$ $$	ending S	EP 30, 2015	
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre	COMPETITIVE ENTERPRISE INSTITUTE			
	Name	Doing business as			351785
	Initial	Number and Street (or v.o. box in that is not assert to	Room/suite	E Telephone numbe	
L	Final return termin	, 1033 2 5111221 / 1111	1200	(202) 331-1010 7,837,312.
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group re	
H	return Applic			for subordinates	77
_	ltion pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
1 1	Гах-ех	empt status: X 501(c)(3)	or 527	1	list. (see instructions)
J \	Nebsi	te: WWW.CEI.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1984 N	1 State of legal domicile: DC
	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: PUBLI	IC POL	ICY RESEARC	H/EDUCATION_
anc		DEDICATED TO PRINCIPLES OF FREE ENTERPRIS			
ern		Check this box if the organization discontinued its operations or dispos		120	ssets.
Activities & Governance				3	8
∞ŏ		Number of independent voting members of the governing body (Part VI, line 1b)			33
ties	1000	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			8
ţi		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
A		Net unrelated business taxable income from Form 990-T, line 34			0.
	- 5	Net difference business taxable meetine norm emilies 13 miles 13		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		7,105,791.	7,605,353.
		Program service revenue (Part VIII, line 2g)		10,500.	10,400.
	5-55	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	AND ADDRESS OF THE PARTY OF THE	9,481.	8,864.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-115,926.	-179,800.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,009,846.	7,444,817.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		0.	0.
	126 183	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,074,495.	3,273,515.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)) E	40,991.	400,130.
Ξxb	b	Total fundraising expenses (Part IX, column (D), line 25) 1,244,69	,5.	3,311,566.	3,675,205.
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,427,052.	7,356,910.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		582,794.	87,907.
ces		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ance	20	Total assets (Part X, line 16)		2,913,637.	2,854,282.
Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		651,433.	504,171.
Fund Balanc	22	Net assets or fund balances. Subtract line 21 from line 20		2,262,204.	2,350,111.
Pa	art II	Signature Block			
Jnd	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
rue,	correc	t, and complete_Declaration of prepares (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
		Smoll t		Date	
Sign	n	Signature of officer		Date	
Her	е	GREGORY CONKO, EXECUTIVE DIRECTOR Type or print name and title			
				ate Check	PTIN
aid	1	Print/Type preparer's name FRANK H. SMITH Preparer's signature Frank H. Smith	ž l	2/19/16 if self-employe	P00639053
	arer	Firm's name RAFFA, P.C.	- 10	Firm's EIN	52-1511275
	Only	Firm's address 1899 L STREET, NW, SUITE 850			20 S S
	J,	WASHINGTON, DC 20036		Phone no. (2	02) 882-5000
May	the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
220	01.11.0	7.14 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2014)

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

			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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 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			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			200
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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,	11a	Х	
	Part VI	Tia	- 11	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
d	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	444		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		
f	Did the organization's separate or consolidated financial statements for the tax year include 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	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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			Х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	Λ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		Х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		21
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	Х	
2020	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(0014)

21 Did the organization report more than \$5.000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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 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	X X X
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 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	X
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 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	X
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 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	ζ
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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	ζ
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	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	
0.0	
OCHEURE O	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	X
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	X
242	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	
246	-
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	
transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	\top
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	
266	X
Scriedule L, rait i	
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	
0.6	X
Complete Schedule L, Fart II	+
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	X
of any of these persons? It is a complete schedule 2, i art in	1
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	
instructions for applicable filing thresholds, conditions, and exceptions): A guyrant or former officer director trustee or key employee? If "Yes " complete Schedule L. Part IV 28a	X
a A current of former officer, director, trustee, or key employee.	X
b A family member of a current of former officer, director, trustee, or key employee.	+
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	X
director, trustee, or direct of indirect owner: " res, complete serves as a	ζ
29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete deficition is	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	X
contributions? If Fes, Complete Schedule W	+
31 Did the organization liquidate, terminate, or dissolve and cease operations? (4 "You " complete Schodule N. Part I.	X
If Yes, Complete Scriedule IV, Part I	+
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	X
Scriedule IV, Part II	+
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33	X
sections 301.7701-2 and 301.7701-3? If Tes, complete deficable 11, 1 and	+
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	X
Part V, line I	X
35a Did the organization have a controlled entity within the meaning of section 572(5)(75).	+
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b	
within the meaning of Section 512(b)(13)? If res, complete series are 1, ran 2	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	X
If "Yes "complete scriedule n, rait v, life 2	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 37 37 38 39 39 39 39 39 39 39 39 39 39 39 39 39	X
and that is treated as a partnership for federal income tax purposes: If I res, complete deficiency, and	+
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38	ζ
Note All Form 990 filers are required to complete Schedule U	0 (2014)

432004 11-07-14

Form 990 (2014) COMPETITIVE ENTERPRISE INSTITUTE
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		****	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 47			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	14 []		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	(b. 11)		**
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	gr = H	37	
	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		Х
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-	1	Х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		21
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9b	-	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	情語		
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	21		
b				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
128	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1381
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
10	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	2000	
		Form	990	(2014)

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 in Schedule O. See instructions.

	to line da, bu, or rob below, describe the chedinataries, proceeding or change			X
	Check if Schedule O contains a response or note to any line in this Part VI			Δ
Sec	tion A. Governing Body and Management		Yes	No
	5 to the combact vatice members of the coverning body at the end of the tax year.		res	NO
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Fotor the number of voting members included in line 1a, above, who are independent.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		Х
	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
	Did the organization make any significant changes to a management company of other person. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization make any significant changes to its governing documents since the prior remove that the prior remove the	5		Х
5	Did the organization have members or stockholders?	6		Х
6	and the second who had the power to elect or appoint one or			
7a	more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
D	persons other than the governing body?	7b		X
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
000	tion by the decident requests		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
h	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		i s	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
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			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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?		37	
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	G # 1		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			188
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	TT	KC	KV
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	ىدىد ,	, 100	, 1(1
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallat	ne	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►			
	1899 L STREET, NW, NO. 1200, WASHINGTON, DC 20036			
13300	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2014)
43200	0.11001714	-		

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
Tame and The	hours per	box	not c , unle cer an	ss pe	rson	is bot	h an	compensation	compensation from related	amount of other
	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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TODD J. ZYWICKI CHAIRMAN (AS OF 10/2014)	1.00	X						0.	0.	0.
(2) FRED L. SMITH, JR FOUNDER	40.00	Х						170,586.	0.	13,264.
DIRECTOR, DIR. FOR CTR. FOR ADV. CAP (3) LAWSON BADER	40.00	^		_		-		170,300.	0.	13,204.
PRESIDENT	40.00	X		Х				172,681.	0.	17,028.
(4) JAMES R. CURLEY	1.00									
DIRECTOR		X						0.	0.	0.
(5) MICHAEL W. GLEBA	1.00								_	
DIRECTOR		Х						0.	0.	0.
(6) MICHAEL S. GREVE	1.00									0
DIRECTOR		Х						0.	0.	0.
(7) JEAN-CLAUDE GRUFFAT	1.00									0
DIRECTOR		X						0.	0.	0.
(8) KERRY HALFERTY HARDY	1.00								0	0
DIRECTOR		X						0.	0.	0.
(9) W. THOMAS HAYNES	1.00								0.	0.
DIRECTOR	1 00	X			_	_	_	0.	0.	
(10) JAMES R. VON EHR	1.00								0.	0.
DIRECTOR	40.00	X			_		_	0.	0.	<u> </u>
(11) MEGAN MCLAUGHLIN	40.00			7.7				05 172	0.	5,712.
TREASURER, SEN. DIR. FIN.	40.00		_	X	_	_	_	95,173.	0.	J, /12.
(12) AMANDA FRANCE	40.00			Х				55,617.	0.	5,571.
SECRETARY, EXECUTIVE ASSISTANT	40.00	-	\vdash	Λ		-		33,017.	0.	3,371.
(13) GREGORY CONKO	40.00			Х				125,897.	0.	5,764.
EXECUTIVE DIRECTOR, VICE PRESIDENT (14) WAYNE CREWS	40.00	_		17		-	-	123,0371		
VP FOR POLICY	40.00					x		146,583.	0.	16,861.
(15) SAM KAZMAN	40.00	-						220,000		
GENERAL COUNSEL	10.00					X		122,017.	0.	13,286.
(16) MYRON EBELL	40.00					-		, , , , , ,		
DIRECTOR FOR CTR. FOR ENERGY						X		113,189.	0.	1,985.
(17) COLEY JACKSON	40.00									
VP OF EXTERNAL AFFAIRS						X		110,155.	0.	498.
432007 11-07-14										Form 990 (2014)

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COPY_

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	iH b	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			(C				(D)	(E)		(1	F)
Name and title	Average	(do		Posi heck			one	Reportable	Reportable		Estin	nated
	hours per	box	, unle	ss per	son	is bot	h an	compensation	compensation			unt of
	week	-	Cer ar	lu a ui	recit	I II US	ice)	from from related				her
	(list any hours for	irecto				_		the organization	organizations (W-2/1099-MIS			nsation the
	related	eord	tee			sated		(W-2/1099-MISC)	(***27103310110	0,		ization
	organizations	truste	al trus		уее	эшрег		(and r	elated
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ner				organi	zations
	line)	Indiv	Insti	Officer	Key 6	High	Former			\rightarrow		
(18) MARLO LEWIS	40.00											455
SENIOR FELLOW				Ш		X		101,356.		0.	16	,475.
										- 1		
				Ш						\rightarrow		
										- 1		
										-		
		_			_					\rightarrow	501	
		_		\vdash	_		_			\rightarrow		
		-	-		-					-+		
		-	_			\vdash		-		-		
			-							-+		
4.01.11								1,213,254.		0.	96	,444.
1b Sub-total								0.		0.		0.
c Total from continuation sheets to Part VI								1,213,254.		0.	96	444.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	ot limited to th					a) wt	o re		000 of reportable	e		
compensation from the organization	or innited to tri	1030	11310	, a uc	,,,,,	, , ,,,	10 10		,000 0000	50		10
compensation from the organization											Y	es No
3 Did the organization list any former officer,	director or tru	ıstee	e. ke	v em	olar	vee.	or h	nighest compensated e	mployee on	Г	TEL	
line 1a? If "Yes." complete Schedule J for si											3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	che	edule	Jf	or such individual		L	4 2	ζ
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	ion f	rom	any	unr	elate	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," com,								*******************			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	mpensated inc	depe	ende	nt co	ontr	acto	rs th	nat received more than	\$100,000 of com	pensa	ation from	n
the organization. Report compensation for t	the calendar ye	ear e	endi	ng w	ith	or w	thin	the organization's tax	ear.			
(A)								(B)		0	(C)	41
Name and business							\perp	Description of s	ervices	- 00	mpensa	ation
JONES DAY, 51 LOUISIANA A	AVENUE,	NV	۷,						n.a		0.5.0	000
WASHINGTON, DC 20001								LEGAL SERVIC	ES		850,	000.
MORGAN MEREDITH & ASSOCIA	ATES, 22	2 ·/ E	30	IN	ID1	LAN	1		ODG		227	205
CREEK DRIVE, STE. 100, DU	JLLES, V	/A	20) T 6	6		1	PRINTING SER	VICES		341,	395.
O'MELVENY & MYERS LLP	TOMOST T	0.0	2.0	100	6		-	DONE CODUTO	FC		300	000.
1625 I STREET, NW, WASHIN	DITON, L) C	20	00	0		#	LEGAL SERVIC	E-0		500,	. 000.
BOYDEN GRAY & ASSOCIATES		20	2 (000	6		-	LEGAL SERVIC	ES		130	000.
1627 I STREET, NW, WASHIN	NGTON, L		2 (UU	U			TOWN DEWATC			± 5 0 ,	000.

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Form **990** (2014)

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4

\$100,000 of compensation from the organization

Form	990	(2014) COMPE	ETITIVE E	ENTERPRIS	E INSTITUT	E	52-135	1785 Page 9
	rt VII		nue					
		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, C	С	Fundraising events	1c	899,066.				
Gift	d	Related organizations	1d					
imi	е	Government grants (contribut	tions) 1e					
tion sr S	f	All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abo	ve 1f 6,	706,287.				
do	g	Noncash contributions included in lines	1a-1f: \$	338,696.				
a Co	h	Total. Add lines 1a-1f		>	7,605,353.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				Business Code	10 100	10 400		
ce	2 a	LITIGATION FEES	<u> </u>	900099	10,400.	10,400.		
Program Service Revenue	b	7						
	С							
ran	d							
rogr	е							
۵	f	All other program service reve	enue		10 400	17 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Air	
	g	Total. Add lines 2a-2f		>	10,400.			
	3	Investment income (including			9,779.			9,779.
		other similar amounts)			9,119.			5,115.
	4	Income from investment of ta	x-exempt bond p	oroceeds				
	5	Royalties		D				
			(i) Real	(ii) Personal				
		Gross rents		-				
		Less: rental expenses						
		Rental income or (loss)			国建 国长是一周高级。所谓"以			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Net rental income or (loss)	[() ()	(ii) Other	AND CHARGE THE	naviraniem ie	Torriga Trans	333000000000000000000000000000000000000
	7 a	Gross amount from sales of	(i) Securities 9,884.	(ii) Other				
	1.0	assets other than inventory	5,004.					
	d	Less: cost or other basis	10,799.					
		and sales expenses	-915.					期到 - 9 m
		Gain or (loss) Net gain or (loss)			-915.	SU 38 1 (British Bal') Samio		-915.
		Gross income from fundraisin						1146
Other Revenue	o a	including \$ 899,0	66 • of					
iver		contributions reported on line						
R		Part IV, line 18	а	199,542.				
the	h	Less: direct expenses	b	199,542.				
0		Net income or (loss) from fund			-182,154.			-182,154.
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances	а					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sale	s of inventory	>				
[Miscellaneous Revenu		Business Code				2 254
	11 a	REIMBURSEMENTS/	REBATES	900099	2,354.			2,354.
	b							-
	С							-
	d	All other revenue						

0.-170,936. Form **990** (2014)

2,354. 7,444,817.

e Total. Add lines 11a-11d

Total revenue. See instructions.

10,400.

Form 990 (2014) COMPETITIVE ENTERPRISE INSTITUTE Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	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				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
2	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
4	99-400-000-000-000-000-000-1000-100-000-00				
5	Compensation of current officers, directors,	748,362.	641,778.	106,584.	
0	trustees, and key employees Compensation not included above, to disqualified	120/0021			
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
_	- Maria 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,121,499.	1,585,597.	143,981.	391,921
7	Other salaries and wages	2,121,100	1,000,00		· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	203,119.	165,342.	15,322.	22,455
9	Other employee benefits	200,535.	152,119.	18,551.	29,865
0	Payroll taxes	200,333.	102,110.	10,001	23,000
1	Fees for services (non-employees):				
	Management	1,282,560.	1,267,182.	4,993.	10,385
	Legal		1,207,102.	83,038.	10,000
С	Accounting	83,038.		03,030.	
d	Lobbying	400 100			408,190
е	Professional fundraising services. See Part IV, line 17	408,190.		HEBBA DE SAR	400,190
f	Investment management fees				
g			455 454	0 000	
	column (A) amount, list line 11g expenses on Sch O.)	463,764.	455,474.	8,290.	4 000
2	Advertising and promotion	15,132.	11,132.	07.050	4,000
3	Office expenses	248,314.	63,184.	97,058.	88,072
4	Information technology	323,816.	2,311.	316,619.	4,886
5	Royalties				
6	Occupancy	543,812.	280.	543,532.	10.055
7	Travel	222,990.	169,557.	4,156.	49,277
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	242,668.	152,236.	36,971.	53,461
0	Interest	4,422.		4,422.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	45,057.		45,057.	
3	Insurance	21,163.	462.	20,701.	
4	Other expenses. Itemize expenses not covered				
4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) PLEDGE WRITE-OFFS	114,305.		114,305.	
	BOOKS & SUBSCRIPTIONS	63,631.	51,058.	6,244.	6,329
b	MISCELLANEOUS	533.	386.	132.	15
C	ATT OCAMTONG	0.	916,874.	-1,092,713.	175,839
d			, -		
	All other expenses	7,356,910.	5,634,972.	477,243.	1,244,695
5		,,000,010.	0,00-,0.00		
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	399,315.	254,232.	75,746.	69,337
	Check here X if following SOP 98-2 (ASC 958-720)	377,313.	434,434.	13,1100	Form 990 (201

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Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any li	ne in this Part X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		719,243.	1	371,271.
	2	Savings and temporary cash investments		439,227.	2	489,810.
	3	Pledges and grants receivable, net	1	960,525.	3	1,182,073.
	4	Accounts receivable, net		- 1980 - 1985 - 1982 -	4	
	5	Loans and other receivables from current and former office	ers, directors,			
		trustees, key employees, and highest compensated employees	ovees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person			1197	
	"	section 4958(f)(1)), persons described in section 4958(c)(3				
		employers and sponsoring organizations of section 501(c)				
(O		employees' beneficiary organizations (see instr). Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7		
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		114,690.	9	142,020.
	. 100.00	Land, buildings, and equipment: cost or other				
	100	basis. Complete Part VI of Schedule D 10a	302,017.			
	h	Less: accumulated depreciation 10b	202,460.	115,252.	10c	99,557. 555,716.
	11	Investments · publicly traded securities		556,245.	11	555,716.
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments · program-related. See Part IV, line 11			13	A STATE OF THE STA
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		8,455.	15	13,835.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,913,637.	16	2,854,282.
	17	Accounts payable and accrued expenses		417,119.	17	302,036.
	18	Grants payable		18		
	19	Deferred revenue	1		19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of			21	
S	22	Loans and other payables to current and former officers,				
itie	10-30-3	key employees, highest compensated employees, and dis	squalified persons.			
Liabilities		Complete Part II of Schedule L			22	
===	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24). C	Complete Part X of			
		Schedule D		234,314.	25	202,135.
	26	Total liabilities. Add lines 17 through 25		651,433.	26	504,171.
		Organizations that follow SFAS 117 (ASC 958), check	nere 🕨 🐰 and			
S		complete lines 27 through 29, and lines 33 and 34.			125	0 005 500
nce	27	Unrestricted net assets		1,657,966.	27	2,325,739.
ala	28	Temporarily restricted net assets		604,238.	28	24,3/2.
d B	29	Permanently restricted net assets			29	
Ë		Organizations that do not follow SFAS 117 (ASC 958),	check here		前度	
or		and complete lines 30 through 34.				
sts	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or	other funds	0.000.004	32	2 250 111
ž	33	Total net assets or fund balances	1	2,262,204.	33	2,350,111.
	34	Total liabilities and net assets/fund balances		2,913,637.	34	2,854,282. Form 990 (2014)

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	990 (2014) COMPETITIVE ENTERPRISE INSTITUTE	22	133110		aye	1 800
	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					_
			7 4	1.1	017	,
1	Total revenue (must equal Part VIII, column (A), line 12)	1			817	
2	Total expenses (must equal Part IX, column (A), line 25)	2			910	
3	Revenue less expenses. Subtract line 2 from line 1	3			907	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,2	62,	204	•
5	Net unrealized gains (losses) on investments	5				_
6	Donated services and use of facilities	6				_
7	Investment expenses	7				_
8	Prior period adjustments	8				_
9	Other changes in net assets or fund balances (explain in Schedule O)	9			- 0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		2 2	F 0	111	
	column (B))	10	2,3	50,	111	. •
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			Tv.	es N	_
				Y 6	es IVI	0
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 in Schedule	Ο.			l x	,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	^	_
	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			h X	,	
b	Were the organization's financial statements audited by an independent accountant?		2	2	-	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis				
	consolidated basis, or both:		137			
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit		۷ ک	,	
	review, or compilation of its financial statements and selection of an independent accountant?		2		-	_
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		X	,
	Act and OMB Circular A-133?		3	a	1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit	.		
201200	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				20 (00	4.0
			Fo	m 95	90 (20	14

432012 11-07-14

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization	on about content of						identification number
realine of		ETITIVE EN'	TERPRISE INS	TITUT	E		5	2-1351785
Part I	Reason for Public (e instruction:	S.	
	nization is not a private found							
1 The Orga	A church, convention of ch	urches or associatio	on of churches describe	d in sectio	n 170(b)(1)(A)(i).		
	A school described in secti				8 55			
2	A hospital or a cooperative	bearital service eras	enization described in se	ection 170	(b)(1)(A)(iii	i).		
3	A medical research organization	nospital service orga	airization with a bospita	I doccribed	in section	, 170(b)(1)(A)(iii). Enter t	the hospital's name.
4		ation operated in cor	njuriction with a nospita	described	3 11 3000101	1 110(0)(1)(1	/(/.	
	city, and state:			d as apara	tod by a ge	wornmontal	init describ	ed in
5	An organization operated for		liege or university owner	d or operat	ted by a go	verminentart	Jilli Geserio	ca m
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 1/	/U(b)(1)(A)(v).		a. blic described in
7 X	An organization that norma	lly receives a substa	ntial part of its support	from a gov	ernmental	unit or from t	ne general	public described in
	section 170(b)(1)(A)(vi). (C							
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			10.00	
9	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributio	ns, member	ship tees, a	nd gross receipts from
	activities related to its exen	npt functions - subjec	ct to certain exceptions	, and (2) no	more that	n 33 1/3% of	its support	from gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
	See section 509(a)(2). (Cor	mplete Part III.)						
10	An organization organized a	and operated exclusi	ively to test for public sa	afety. See s	section 50	9(a)(4).		
11	An organization organized a	and operated exclusi	ively for the benefit of, t	o perform t	the functio	ns of, or to c	arry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2).	See section	509(a)(3). O	heck the box in
	lines 11a through 11d that	describes the type o	of supporting organization	n and com	nplete lines	11e, 11f, an	d 11g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s).	typically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the direc	ctors or truste	ees of the s	upporting
	organization. You must o							
ь	Type II. A supporting org	anization supervised	or controlled in connec	tion with it	ts supporte	ed organization	on(s), by ha	ving
0 _	control or management of	of the supporting orga	anization vested in the s	same perso	ons that co	ntrol or mana	age the sup	ported
	organization(s). You mus							
. [Type III functionally inte	egrated A supporting	a organization operated	in connec	tion with, a	and functions	ally integrate	ed with,
	its supported organizatio	n(s) (see instructions	You must complete	Part IV, Se	ections A,	D, and E.		
4	Type III non-functionally	vintegrated A SUDD	orting organization ope	rated in co	nnection v	ith its suppo	rted organi	zation(s)
d L	that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution red	guirement an	d an attent	iveness
	requirement (see instruct	ions) Vou must con	nnlete Part IV Section	s A and D.	and Part	v.		
Г	Check this box if the orga	prization received a	written determination fro	om the IRS	that it is a	Type I. Type	II, Type III	
e L	Check this box if the orga	Tura III pap functio	mally integrated support	tina organi:	zation	71- 71-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	functionally integrated, or		many integrated support	ing organi	20110111			
	ter the number of supported		ad organization(s)					
g Pr	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount o	f monetary	(vi) Amount of
	organization	(,	(described on lines 1-9	listed i	in your document?	support	t (see	other support (see
	organization.		above or IRC section	Yes	No	Instruct	tions)	Instructions)
			(see instructions))	100				
				 				
				 			1	
				-	-			
				-				
		177 Species 1 (275 - 2016)						
								I

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 COMPETITIVE ENTERPRISE INSTITUTE 52-13517 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	***					
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5224185.	6291729.	6470211.	7105791.	7605353.	32697269
2	Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5224185.	6291729.	6470211.	7105791.	7605353.	32697269
4	The portion of total contributions				RECENTATION OF		
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	1						
	amount shown on line 11,						2596448
	column (f)						30100821
	Public support. Subtract line 5 from line 4.	STATE PROPERTY		and the state of t			
		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010 5224185.	6291729.	6470211.	7105791.	7605353.	32697269
	Amounts from line 4	3224103.	02517251	01/01/01			
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	19,710.	21,841.	10,824.	10,120.	9,779.	72,274
	and income from similar sources	19,710.	21,041.	10,024.	10,120.	37	1 1 1 1 1 1
9	Net income from unrelated business						
	activities, whether or not the			109.			109
	business is regularly carried on			100.			
10	Other income. Do not include gain						1
	or loss from the sale of capital	20 000	10 624	52,543.	8,282.		118,478
	assets (Explain in Part VI.)	38,029.	19,624.	34,343.	0,202.		32888130
11	Total support. Add lines 7 through 10	regit suggests			III seltativa i	12	495,915
12	Gross receipts from related activities,	etc. (see instruction	ons)				400,010
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth to	ax year as a section	n 50 i (c)(3)	
_	organization, check this box and stor	here	roontago				
	ction C. Computation of Publ					14	91.52
	Public support percentage for 2014 (15	88.44
15	Public support percentage from 2013	Schedule A, Part	II, line 14				
168	33 1/3% support test - 2014. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	► X
	stop here. The organization qualifies	as a publicly supp	orted organization	1			
ŀ	33 1/3% support test - 2013. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check	this dox
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation		11: 44:- 400	
178	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt VI how the orga	inization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		100/
ł	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	1/a, and line 15 is	s 10% or
	more and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explain	n in Part VI how th	ie
	organization meets the "facts-and-circ Private foundation. If the organization	cumstances" test.	The organization	qualifies as a publi	icly supported org	anization	

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
I Deat II \

Sec	ction A. Public Support				,		
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	1					
	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-	ļ.					
	iness under section 513						
4	Tax revenues levied for the organ-				8		
50	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge	J					
C	Total. Add lines 1 through 5						
16	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received						
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b	categories annual que pri	e los escalacións	M. Salindes Hills	es mastain a		
	Public support (Subtract line 7c from line 6.)		Control of the State of the Sta	PAY IS ARREST. TO THE PARTY			
		(-) 0010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(0)2012	(4) 2010	10/20	
	Amounts from line 6 Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				 		
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					 	
	Add lines 10a and 10b					-	
11	Net income from unrelated business activities not included in 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.)						
13	Total support. (Add lines 9, 10c. 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) orgar	nization,
	check this box and stop here					.,	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				0/
	Public support percentage for 2014 (column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	III, line 15			16	
Se	ction D. Computation of Inve	stment Incom	e Percentage			147	0/
17	Investment income percentage for 20	114 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2013 Schedule A,	Part III, line 17			18	% 17 is not
198	a 33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	= 17 IS HUL
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organi	zation	and
ł	33 1/3% support tests - 2013. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	nore triair 33 1/3%	n
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	ported organization	""
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	unis box and see in	hedule A (Form 9	990 or 990-EZ) 2014

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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	Α.	All	Supporting	Org	anizations
---------	----	-----	------------	-----	------------

- 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		116
2 3a		
- 58		
3b		
3c		
4a	79	
4b		
4c		
5a		
5b 5c		
50		
6		
7		
8		
9a		ŊŦ.
9b		
9c		
10a		
10b	0-EZ)	2014

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Pa	rt IV Supporting Organizations (continued)			
	(A) IIII III A		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	18-E		
· ·	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	12.5 16	14,	
2,60	regularly appoint or elect at least a majority of the organization's 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,	175		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1,000		
	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	13.7 %		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1/4/19		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion o. Type in eapperting organization		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		
Sec	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax	19 19 19		
	year. (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		\$1 = b	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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	1180		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	i)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 Parti		
	how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	11.44		181
	that these activities constituted substantially all of its activities.	2a		-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	16.201		
	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	-	-
3	Parent of Supported Organizations. Answer (a) and (b) below.	113 4		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	and M		1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	+
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1400		
	of its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard.	3b		1

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970. See instruc	ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
				(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		1.00
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			
9		6		
	emergency temporary reduction (see instructions)	0	State of the state	

Par	t V	Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	inizations (continued)	Current Voor
	on D -		Current Year		
1	Amou	ints paid to supported organizations to accomplish ex	empt purposes		
		ints paid to perform activity that directly furthers exem	pt purposes of supported		
	organ	izations, in excess of income from activity			
		nistrative expenses paid to accomplish exempt purpos	ses of supported organization:	S	
4		ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		butions to attentive supported organizations to which	the organization is responsive		
		ide details in Part VI). See instructions.			
		butable amount for 2014 from Section C, line 6			
10	Line 8	3 amount divided by Line 9 amount		(2)	/iii)
			(i)	(ii)	(iii) Distributable
Cooti	on E	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Amount for 2014
Jecu				Pre-2014	Amount for 2014
1		butable amount for 2014 from Section C, line 6		CAR HESTALL CE	
2		rdistributions, if any, for years prior to 2014			
		onable cause required-see instructions)		1181 1417101	
3	Exces	ss distributions carryover, if any, to 2014:			
а					
b					
С					
d					
е	From	2013			
		of lines 3a through e	Tagricus and propriet and security of	(18) - (2) 1 1 1 1 1 1 1 1 1 1	
		ed to underdistributions of prior years		arkidamika i eu da i	CLEE SENSON DISPLANT OF ASS
h		ed to 2014 distributable amount			
i		over from 2009 not applied (see instructions)			
j		ainder. Subtract lines 3g, 3h, and 3i from 3f.	Vertical integration is during the facility		
4	Distri	butions for 2014 from Section D.			
	line 7			CHARLES AND DESCRIPTION	
a	Appli	ed to underdistributions of prior years		ENTERIOR DE LA COMP	N. M. Allagae - 1841, 1971 - 1971 - 1971
		ed to 2014 distributable amount	名ERIES		
C		ainder. Subtract lines 4a and 4b from 4.		FIDAGE DESCRIPTION OF THE PROPERTY OF THE PROP	
5		aining underdistributions for years prior to 2014, if			
		Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6		aining underdistributions for 2014. Subtract lines 3h			
	and 4	4b from line 1 (if amount greater than zero, see			
		uctions).	医医乳腺炎医胃脓性 网络田科 医皮肤足足		
7	Exce	ess distributions carryover to 2015. Add lines 3j			
	and 4		CONTRACTOR OF THE OWNER OWNER OF THE OWNER OWN		
8	Brea	kdown of line 7:			e eking ze i i i
а					
b					
c	46.0	引起。 第18日 第18日 第18日 第18日 第18日 第18日 第18日 第18日			
		ss from 2013			
е	Exce	ss from 2014	A SAID SEED WHEN SOMEON STORES	THE RESERVE AND THE PARTY OF TH	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

COMPETITIVE ENTERPRISE INSTITUTE 52-1351785

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X = 501(c)(-3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-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 Note. Or	your organization is	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	For an organization property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	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 or 990-EZ), 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, 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. Do not 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					
but it mu	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

COMPETITIVE ENTERPRISE INSTITUTE

52-1351785

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		sss	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 2	Name, address, and Zir + 4	\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 3	Name, address, and ZIP + 4	ss450,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	ss450,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	s400,000.	Person X Payroll
(a)	(b)	(c)	(d)

Name, address, and ZIP + 4

423452 11-05-14

6

(a)

No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Person

Payroll

Noncash (Complete Part II for noncash contributions.)

Type of contribution

X

Total contributions

300,000.

Name of organization

Employer identification number

COMPETITIVE ENTERPRISE INSTITUTE

52-1351785

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		s	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and En	s	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		ss	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)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMPETITIVE ENTERPRISE INSTITUTE

52-1351785

Part II Nonca	sh Property	(see instructions).	Use duplicate copies	of Part II if additional space is needed.
---------------	-------------	---------------------	----------------------	---

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	DONATED SOFTWARE		
		\$8263,042.	_10/27/14_
(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
		s	
(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
		\$	990, 990-EZ, or 990-PF) (201

Employer identification number

OMPETI	TIVE ENTERPRISE INSTIT	UTE	52-1351785				
Part III	Exclusively religious, charitable, etc., contrib	utions to organizations described umns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing 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.) S				
(a) No.	Use duplicate copies of Part III if additional						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Faiti							
-		(e) Transfer of gift	•				
		(c) Transier or give					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
_							
_							
-							
(a) No.		/-> Us = -6 =:f4	(d) Description of how gift is held				
from Part I	(b) Purpose of gift	(c) Use of gift	(u) Description of now girl is not				
-							
	(e) Transfer of gift						
	Transferee's name, address, and	I 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	(S) Turpose of give						
-	1						
158		(e) Transfer of gif	ft				
	Transferee's name, address, and	17IP ± 4	Relationship of transferor to transferee				
	Transferee's flame, address, and						
-							
_							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Parti							
_							
_							
		(e) Transfer of git	ft				
		(c) Transfer of gi					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
-							
1							

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to 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.	
	on number
Name of organization	
COMPETITIVE ENTERPRISE INSTITUTE 52-1351	765
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.	
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures S 3 Volunteer hours	
Part I-B Complete if the organization is exempt under section 501(c)(3).	
1. 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?	No
Part I-C 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 S	
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,	
line 17b	
4 Did the filing organization file Form 1120-POL for this year?	No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organ	ization
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of poli	tical
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fu	nd or a
political action committee (PAC). If additional space is needed, provide information in Part IV.	
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount ocontributions repromptly and delivered to a political organization.	ceived and directly separate nization.

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



Part II-A Complete if the or section 501(h)).	ganization is exemp	pt under section	501(c)(3) and file	d Form 5768 (e	lection under
A Check If the filing organiz expenses, and sha	ation belongs to an affilia are of excess lobbying ex ation checked box A and	penditures).		roup member's nam	e, address, EIN,
Lim	its on Lobbying Expend aditures" means amount	itures	Sons apply:	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinion (gra	ass roots lobbying)		139.	
b Total lobbying expenditures to inf				27,201.	
c Total lobbying expenditures (add				27,340.	
d Other exempt purpose expenditu				6,921,380.	
e Total exempt purpose expenditur	es (add lines 1c and 1d)			6,948,720.	
f Lobbying nontaxable amount. En	ter the amount from the f	ollowing table in both	columns.	497,436.	
If the amount on line 1e, column (a)	or (b) is: The lobby	ring nontaxable amou	int is:		
Not over \$500,000		e amount on line 1e.			
Over \$500,000 but not over \$1,00		plus 15% of the exces			
Over \$1,000,000 but not over \$1,		plus 10% of the exces			
Over \$1,500,000 but not over \$17	7,000,000 \$225,000	plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000	\$1,000,00	0.			
				124,359.	
g Grassroots nontaxable amount (e				0.	
h Subtract line 1g from line 1a. If ze				0.	
i Subtract line 1f from line 1c. If zer	ro or less, enter -0-			0.	
j If there is an amount other than z		e 1i, did the organizati	on file Form 4/20	Γ	Yes No
reporting section 4911 tax for this	s year?				Yes No
(Some organizations	that made a section 501 See the separate	e instructions for line	ave to complete all of s 2a through 2f.)	the five columns b	elow.
	Lobbying Expend	itures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	441,790.	536,685.	467,891.	497,436.	1,943,802.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,915,703.
c Total lobbying expenditures	16,144.	20,333.	23,145.	27,340.	86,962.
d Grassroots nontaxable amount	110,448.	134,171.	116,973.	124,359.	485,951.
e Grassroots ceiling amount (150% of line 2d, column (e))					728,927

Schedule C (Form 990 or 990-EZ) 2014

1,138.

970.

f Grassroots lobbying expenditures

84.

Schedule C (Form 990 or 990-EZ) 2014 COMPETITIVE ENTERPRISE INSTITUTE 52-135178

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)).

f the lo	h "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(t	o)
1 Du	obbying activity.	Yes	No	Amo	ount
	uring the year, did the filing organization attempt to influence foreign, national, state or cal legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of:				
a Vo	olunteers?				
	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	ailings to members, legislators, or the public?			W. 20 32 3	
	ublications, or published or broadcast statements?				
	rants to other organizations for lobbying purposes?				
1 0	irect contact with legislators, their staffs, government officials, or a legislative body?				
g Di	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			oli Casa	
					- W
	ther activities?				
j To	otal. Add lines 1c through 1i				
	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?			***	
b If	"Yes," enter the amount of any tax incurred under section 4912				
c If	"Yes," enter the amount of any tax incurred by organization managers under section 4912				
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? II-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501(c	(5), or se	ction	
arti			//-//		
	501(c)(6).			Yes	N
	in a second distribution by mambars?		1		
1 W	/ere substantially all (90% or more) dues received nondeductible by members?				
2 Di	id the organization make only in-house lobbying expenditures of \$2,000 or less?		3	-	1
3 Di	id the organization agree to carry over lobbying and political expenditures from the prior year? II-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501(c		ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				
	ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit				
	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of point xpenses for which the section 527(f) tax was paid).				
			2a		
	urrent year		2b		
b C	arryover from last year		2c		
c To	otal				
	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	COSS			
3 A	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
4 If	and the argonization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
4 If			1		
4 If do	xpenditure next year?		4		
4 If do	xpenditure next year? axable amount of lobbying and political expenditures (see instructions)		5		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2014
Open to Public Inspection

OMB No. 1545-0047

➤ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990

Inspection

Employer identification number

Name of the organization 52-1351785 COMPETITIVE ENTERPRISE INSTITUTE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

COPY_

Schedule D (Form 990) 2014

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued)	Sche		TIVE ENTER				sets(continued)				
Check all that apply :	Par	till Organizations Maintaining C	ollections of Ar	t, Historical Ti	fallerwing that are	nier Similar As	its collection items				
a Public exhibition d	3		on, and other record	s, check any of the	e following that are a	a significant use of	its concetion items				
By Scholarly research Preservation for future generations Provide a description of the organizations collections and explain how they further the organizations exempt purpose in Part XIII. Provide a description of the organizations solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Ves No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, Ine 9, or response that an amount on Form 990. Part X? Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X? It is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X? It is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X? It is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X? It is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? Ves No 11 if ves is intermediary part X iii. Beginning balance It is intermediary part X iii. Amount to the part X iii. It is intermediary part X iii. It is is the organization intermediary part X iii. It is is the organization intermediary part X iii. It is is the organization intermediary part X iii. It is is the organization intermediary part X iii. It is is the organization intermediary part X i		` <u> </u>			shanga programs						
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. During the year, did the organization's collection's and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization answered "Yes" to Form 990. Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X, line 21. Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part XIII and complete the following table: Amount C. Beginning balance d. Additions ouring the year f. Ending balance d. Additions ouring the year f. Ending balance d. Additions ouring the year f. Ending balance d. Beginning of year paintation include an amount on Form 990, Part X, line 21, for escrow or custodial account fability? Yes No b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V. Endowment Funds. Complete if the organization answered "Yes" to Form 990. Part X, line 10. Beginning of year balance C. Octivitutions C. Net investment earnings, gains, and losses d. Cards for scholarships d. Orants for scholarships d. Orants for scholarships f. Administrative expenses g. End of year balance D. Permanent endowment	а										
4 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization's collection? 1 Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX. line 21. 1a Is the organization the arrangement in Part XIII and complete the following table: 2 Beginning balance 3 Amount 4 Additions curing the year 4 Ending balance 4 Additions curing the year 5 Ending balance 4 Ending balance 5 Distributions during the year 6 Ending balance 9 Distributions during the year 1 Ending balance 9 Distributions during the year 1 Ending balance 1 Distributions during the year 1 Ending balance 1 Distributions during the year 1 Ending balance 1 Distributions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 1 Distributions during the year 2 Distributions for sepatial the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 2 Distributions 1 Distributions 2 Description of year balance 3 Donathibutions 4 Donathibutions 5 Demander of Part XIII and Ending All Part Yes and Part XIII. 5 Description of year balance 6 Demander of Part XIII and Ending All Part Yes and Part XIII. 6 Description in Part XIII and Ending All Part Yes and Part XIII. 7 Description of property 9 Description of propert	b										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization an solicitor of the organization and solicitors of the organization of th	С	Preservation for future generations	n	- I Ala a fo cost la cos	the ergonization's o	vamnt nurnase in l	Part XIII				
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		Provide a description of the organization's co	ollections and explain	now they further	the organization's e	ilar accate	art Am.				
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or represent an amount on Form 990. Part IV, line 9, or form 990. Part IV, line 9, or form 990. Part IV, line 9, or form 990. Part IV, line 10 Yes	5	During the year, did the organization solicit o	r receive donations of	or art, historical trea	asures, or other simi	ildi dssets	Ves No				
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 2D Bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back. Contributions (a) Current year displance Contributions (b) Permanent earnings, gains, and losses d Grants or scholarships C Temporarily restricted endowment ▶ % Permanent endowment ▶ % Permanent endowment ▶ % The percentages in lines 22, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organization organization sendowment funds. Part VI Land, Buildings,	_	to be sold to raise funds rather than to be ma	aintained as part of t	ne organization s d	on anguared "Vas"	to Form 990 Part I					
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d Administrative expenses gend of year balance 2 Provide the estimated percentage of the current year end balance (line 1g. column (al) held as: a Board designated organizations by: c Temporarily restricted endowment ▶ β Permanent endowment ▶ β Can there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations Expert VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990. Part IV. line 10. 1											
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Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a	Did the organization include an amount on Fo	Oh all bara if the ex	alanation has been	n provided in Part X	III					
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e) Four		t V Endowment Funds Complete i	the exemplation an	swered "Yes" to Fe	orm 990 Part IV. line	e 10.					
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b Permanent endowment \					(a)) Held as.						
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(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other											
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Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.		(ii) related organizations		- Cabadula D2							
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 119,688 • 77,367 • 42,321 • 55,792 • 55,792 • 23,559 • 22,115 • 1,444 • 23,559 • 22,115 • 1,444 • 20,557 •	b										
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Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Par	t vi Land, Buildings, and Equiph	d "Vee" to Form 000	Dart IV line 11a	See Form 990 Part	X line 10.					
Description of property (a) cost of citric basis (investment) basis (other) depreciation						Accumulated	(d) Book value				
1a Land b Buildings 119,688. 77,367. 42,321. c Leasehold improvements 158,770. 102,978. 55,792. d Equipment 23,559. 22,115. 1,444.		Description of property					(4) 20011 14110				
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d Equipment 158,770. 102,978. 55,792. 23,559. 22,115. 1,444.				1	19.688	77.367.	42,321.				
d Equipment 23,559. 22,115. 1,444.						102,978.					
e Other			***								
	e	Other (Column (d) must s	aual Form 990 Part				99,557.				

Schedule D (Form 990) 2014



	(Form 990) 2014	COMPETITIVE	ENTERPRISE	1
Part VII	Investments -	Other Securities.		

Complete if the organization answered "Yes" to	Form 990, Part IV, line	11b. 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-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)	2	
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		医压器的自然 其一 "用于是特别,一个一个一个一个一个一

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
2)		
3)		
4)		
5)		
6)		
7)		
(8)		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		The Magnification of the Control of

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
Federal income taxes	1 = 0 0 = -
DEFERRED RENT	178,997.
CAPITAL LEASE OBLIGATION	23,138.
	202,135.
(Column (b) must equal Form 990, Part X, col. (B) line 25.)	ZUZ, ISS.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014



Sche	edule D (Form 990) 2014 COMPETITIVE ENTERPRISE	INSTITUTE	<u> </u>		1351785	Page 4
_	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per F	Return		
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.				E4.0
1	Total revenue, gains, and other support per audited financial statements			1	7,826	,513.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	E				
а	Net unrealized gains (losses) on investments	2a		1		
b	Donated services and use of facilities	2b		1		
С	Recoveries of prior year grants	2c	221 626	1		
d	Other (Describe in Part XIII.)	2d	381,696.	4 1	2.01	C O C
е	Add lines 2a through 2d			2e		,696.
3	Subtract line 2e from line 1			3	7,444,	,81/.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	T . T				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIII.)	4b				0
С	Add lines 4a and 4b			4c	7 111	017
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.))		5	7,444,	,81/.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements Wit	h Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.		т. т	7,738,	606
1	Total expenses and losses per audited financial statements			1	1,730,	, 000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1				
а		10000		- 1		
b		1 22		- 1		
С	Other losses	0.00	381,696.	- 1		
d					3 8 1	696.
е	Add lines 2a through 2d			2e	7,356,	
3	Subtract line 2e from line 1			3	7,330,	, 910.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	11				
а	Investment expenses not included on Form 990, Part VIII, line 7b			- 1		
b	Other (Describe in Part XIII.)	4b		1. 1		0.
С	Add lines 4a and 4b			4c	7,356,	
5		8.)		5	7,330,	, , , , , , , ,
	rt XIII Supplemental Information.	4 D 4 IV II 1 I	Ob. Dark V. line	1. Dort	V line 2: Part \	VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			4, Part	A, line 2, Fait /	χι,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional infor	mation.			
		40 4000				
ד א כד	om v IINE).					
PAI	RT X, LINE 2:	1614				
CF.	I PERFORMED AN EVALUATION OF UNCERTAIN	TAX POSTI	TIONS FOR T	HE Y	YEARS EN	IDED
<u>CE.</u>	PERFORMED AN EVALUATION OF UNCERTIFIED	11111 1 0011	1010			
CFI	PTEMBER 30, 2015 AND 2014, RESPECTIVELY	. AND DET	TERMINED TH	IAT 7	THERE WE	ERE
2110	FIEMBER 30, 2013 AND 2014, RESIDENTIAL	, 1110				
NO	MATTERS THAT WOULD REQUIRE RECOGNITION	IN THE E	FINANCIAL S	TATE	EMENTS C	DR
140	MATTERS THAT WOODD REQUIRE RECORDITION					
тна	AT MAY HAVE ANY EFFECT ON ITS TAX-EXEMP	T STATUS.				
1 112	AT MAT HAVE ANT BITTET ON THE TIME EMERIC					
						-
DAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:					
LAI	AT AT, BING 20 OTHER REGORDANCE					
SPI	ECIAL EVENT EXPENSES				381,	696.
<u> </u>	LIV de based and Y defect de learness describe describe	100 0 100				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:			931 - AND -	100000 10000 1000 1000 1000 1000 1000	
SPI	ECIAL EVENT EXPENSES				381,	696.

Schedule D (Form 990) 2014

SPECIAL EVENT EXPENSES

Schadula D	(Form 990) 2014	COMPETITIVE	ENTERPRISE	INSTITUTE	52-1351785 Page 5
Part XIII	Supplemental In	COMPETITIVE formation (continued)			
					The state of the s
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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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990

Inspection

Employer identification number Name of the organization 52-1351785 COMPETITIVE ENTERPRISE INSTITUTE General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (d) Activities conducted in region (a) Region (b) Number of (c) Number of expenditures employees, agents, and is a program service, (by type) (e.g., fundraising, program offices for and describe specific type services, investments, grants to in the region independent contractors investments of service(s) in region recipients located in the region) in region in region PROGRAM SERVICES CONFERENCE 15,816. 0 EUROPE EAST ASIA AND THE 67,505. EDUCATIONAL EVENT PROGRAM SERVICES PACIFIC 83,321. 0 3 a Sub-total b Total from continuation 0. 0 sheets to Part I c Totals (add lines 3a 83,321.

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

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Schedule F (Form 990) 2014



Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of the IRS, or for which 3 Enter total number of	Enter total number of recipient organizations listed at the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities	Enter total number of recipient organizations listed above that are the IRS, or for which the grantee or counsel has provided a section Enter total number of other organizations or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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.	e foreign country	, recognized as tax.e	xempt by		
1							Sche	Schedule F (Form 990) 2014

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52-1351785

Page 3

COMPETITIVE ENTERPRISE INSTITUTE

Schedule F (Form 990) 2014 COMPETITIVE ENTERPRISE INSTITUTE 5.2-1351/85

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

_					014
(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2014
(g) Description of non-cash assistance					Schedule
(f) Amount of non-cash 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					

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

Schedule F (Form 990) 2014

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

Schedule F (Form 990) 2014

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	TIVE ENTERPRISE IN				iovito	Employer ide 52-1351	ntification number 785
	· Complete if the organization answer				ine 17		
Indicate whether the organization rai	sed funds through any of the following e X Solicita f Solicita g Special or oral agreement with any individual part VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (inclui	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
CLEARWORD COMMUNICATIONS		Yes	No				
GROUP - 12841 BRAEMAR VILLAGE	FUNDRAISING CONSULTING		Х	453,881.		45,437.	408,444.
MORGAN, MEREDITH AND	100						
ASSOCIATES - 22780 INDIAN	FUNDRAISING CONSULTING	_	Х	0.		327,395.	-327,395.
DIRECT MAIL PROCESSORS, INC.						10 570	12 570
- 1150 CONRAD COURT,	FUNDRAISING CONSULTING		Х	0.		12,579.	-12,579.
PRECISION LIST CO 5653							10.011
COLUMBIA PIKE, FALLS CHURCH,	FUNDRAISING CONSULTING		Х	0.		12,011.	-12,011.
				453,881.		397,422.	56,459.
Total 3 List all states in which the organization or licensing. AL, AK, AR, CA, CO, CT, DC,				s or has been notified		exempt from re	egistration
OH, OK, OR, PA, RI, SC, TN,	UT, VA, WA, WV, WI						
			202				

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

Schedule G (Form 990 or 990-EZ) 2014

432081 08-28-14

Pa	ırt	Fundraising Events. Complete if the of fundraising event contributions and g	he organization answered	I "Yes" to Form 990, Par I-EZ. lines 1 and 6b. List	events with gross recei	pts greater than \$5,000.
		of fundraising event contributions and g	(a) Event #1 ANNUAL DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,098,608.			1,098,608.
	2	Less: Contributions	899,066.			899,066.
	3	Gross income (line 1 minus line 2)	199,542.			199,542.
	4	Cash prizes	1,000.			1,000.
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages	170,150.			170,150.
	0	Entartainment	15,448.			15,448.
	8	Entertainment Other direct expenses	105 000			195,098.
	10		gh 9 in column (d)			381,696.
	11	Not income summary Subtract line 10 from	line 3 column (d)		>	-182,154.
Pa	art	III Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
_	_	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
<u>a</u>			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				- 9-1-3		
Re		Crass roughus				
	<u>'</u>	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
_	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
		nter the state(s) in which the organization cond	duoto gamina activities:			
9	En	iter the state(s) in which the organization cond the organization licensed to conduct gaming	activities in each of these	states?		Yes No
		"No," explain:				
,	, 11	No, explain.				
	_					
10:	a W	ere any of the organization's gaming licenses	revoked, suspended or to	erminated during the tax	year?	Yes No
		"Yes," explain:				
	_					
-	_					orm 990 or 990-F7) 201
	_				Calandula C (E)	2 PM UUII OF UUII-F / 1 2011

432082 08-28-14

Sch	edule G (Form 990 or 990-EZ) 2014 COMPETITIVE ENTERPRISE INSTITUTE 52-1	35178	
11	Does the organization conduct gaming activities with nonmembers?	Yes	N
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	N
13	Indicate the percentage of gaming activity conducted in:	r r	
а	The organization's facility	13a	
b	An outside facility	13b	
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 amount		
	of gaming revenue retained by the third party ►\$		
С	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		
000000			
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
b			
Pai	organization's own exempt activities during the tax year ▶ \$ "IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and (v	nes 9, 9b, 1	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
~ ~ .		с.	
SC.	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	<u> </u>	
(I) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS GROUP		
(I) ADDRESS OF FUNDRAISER:		
12	841 BRAEMAR VILLAGE PLAZA, #51, BRISTOW, VA 20136		
(I) NAME OF FUNDRAISER: MORGAN, MEREDITH AND ASSOCIATES		
) ADDRESS OF FUNDRAISER:		
	780 INDIAN CREEK DRIVE, #1100, DULLES, VA 20166 Schedule G (Form	990 or 99	0-EZ) 201
	41	OPY	7
20	219 786783 CEI 2014.05070 COMPETITIVE ENTERPRISE IN	or CEI	1

Schedule G (Form 990 or 990-EZ) COMPETITIVE ENTERPRISE INSTITUTE Part IV Supplemental Information (continued)	52-1351/85 Page 4
(I) NAME OF FUNDRAISER: DIRECT MAIL PROCESSORS, INC.	
(I) ADDRESS OF FUNDRAISER: 1150 CONRAD COURT, HAGERSTOWN,	MD 21740
(I) NAME OF FUNDRAISER: PRECISION LIST CO.	
(I) ADDRESS OF FUNDRAISER: 5653 COLUMBIA PIKE, FALLS CHURC	CH, VA 22041
	. 1.0

	A. M.
	4444

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COMPETITIVE ENTERPRISE INSTITUTE

Employer identification number 52-1351785

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			1951
	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 Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	111		-38 7
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any. of the following the filing 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.	1 1		
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study	14		
	X Form 990 of other organizations X Approval by the board or compensation committee			
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
2	Receive a severance payment or change-of-control payment?	4a		X
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
0	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	3 11		
	The state of the s			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		161	
	contingent on the net earnings of:		11 11	v
а	The organization?	6a		X
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7	Х	on the state of
	not described in lines 5 and 6? If "Yes," describe in Part III	7	*7	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		Х
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	0		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	3		

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Schedule J (Form 990) 2014



52-1351785

Page 2

COMPETITIVE ENTERPRISE INSTITUTE

Schedule J (Form 990) 2014

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) 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	V-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	F.
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	oerents	(a):(n)(a)	reported as deferred in prior Form 990
(1) FRED L. SMITH, JR. FOUNDER	Ξ	170,586.	0	0	0	13,264.	183,850.	
FOR ADV. CAP	: <u>:</u>	0	0	0	0	0	0	0
(2) LAWSON BADER	Ξ	152,681.	20,000.	0	0	17,028.	189,70	
PRESIDENT	€		0	0		0	0	
(3) WAYNE CREWS	Ξ	146,583.	0	0		16,861.	163,444.	
VP FOR POLICY	E	0	0	0	0	0	0	0
	Ξ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
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	ε							
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	1							
432112 10-13-14				44			Sched	Schedule J (Form 990) 2014

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432112

Schedule J (Form 990) 2014 Cart III Supplemental Information

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

NE 7:	THE BOARD OF DIRECTORS DETERMINES THE BONUS FOR THE PRESIDENT. THE	PRESIDENT AND EXECUTIVE DIRECTOR DETERMINE THE BONUSES FOR ALL OTHER STAFF.			
PART I, LINE 7:	E BOARD OF DIRECT	ESIDENT AND EXECU			

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COPY

Schedule J (Form 990) 2014

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization COMPETITIVE ENTERPRISE INSTITUTE Employer identification number 52-1351785

Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		nts
1	Art - Works of art						
2	Art · Historical treasures						
3	Art · Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property	***************************************					
9	Securities - Publicly traded	X	39	64,956.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous			300			
13	Qualified conservation contribution -						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	1	4,198.	FMV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (SOFTWARE)	X	1	263,042.			
26	Other CIGARS	X	1		FMV		
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ration during	the tax year for c	ontributions			
23	for which the organization completed Form 828						
	To which the organization completed form see	,0,1,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
302	During the year, did the organization receive by	/ contributio	on any property rec	orted in Part I, lines 1 throu	gh 28, that it	331	ht til
oua	must hold for at least three years from the date	of the initia	al contribution, and	which is not required to be	used for		
	exempt purposes for the entire holding period?			V		30a	X
b	If "Yes," describe the arrangement in Part II.	*****************		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any non-standard contrib	utions?	31	X
	Does the organization hire or use third parties of						
J-0						32a	X
h	If "Yes," describe in Part II.						
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,		
	describe in Part II.	1-7	The second secon	947.10			
		95 July 15 1			0 1 1 1 1 1 1 1		10011

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

Schedule M (Form 990) (2014)

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SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 COMPETITIVE ENTERPRISE INSTITUTE

Employer identification number 52-1351785

COMPETITIVE BRIDGINGS INSTITUTE
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN A FREE MARKETPLACE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CENTER FOR ENERGY AND ENVIRONMENT
EXPENSES \$ 640,513. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
OFFICE OF THE PRESIDENT
EXPENSES \$ 541,457. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CENTER FOR TECHNOLOGY AND INNOVATION
EXPENSES \$ 493,989. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CENTER FOR ADVANCING CAPITALISM
EXPENSES \$ 354,003. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CENTER FOR RISK AND CONSUMER FREEDOM
EXPENSES \$ 314,912. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
REALCLEAR RADIO HOUR
EXPENSES \$ 230,855. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11:
THE DRAFT FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, SENIOR DIRECTOR
OF FINANCE AND OPERATIONS, AS WELL AS THE BOARD OF DIRECTORS. AFTER THIS
REVIEW AND ANY CHANGES NEEDED ARE MADE BY THE PREPARER, THE FINAL FEDERAL
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

Employer identification number 52-1351785

FORM 990 IS 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 DIRECTOR 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.

COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS HANDLED BY THE PRESIDENT AND GROUP OF INDEPENDENT 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, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK OR, PA, RI, SC, TN, UT, WA, WV, WI

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 FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE AVAILABLE ON THE WEBSITE.