			2		* *	PU	BLIC	DIS	JCLOS	URE C	OP	•Y **				2		
	Ō	00		Retu	irn of	Org	aniz	atio	on Ex	empt	F	rom l	nco	meˈ	Tax	-	OMB No. 15	45-0047
Forr	n 93	90	Und	der section	1 501(c), 5	27, or 4	4947(a)(1) of ti	he Intern	al Revenu	ue C	Code (ex	cept pri	ivate fo	oundatio	ns)	202	21
				► C	Do not ent	ter soci	ial secur	ity nu	mbers o	n this forr	m as	s it may	be mad	e publi	ic.	ł	Open to	Public
		of the Treasury nue Service			Go to w	ww.irs.	gov/For	m990	for instr	uctions a	nd t	the lates	t inform	ation.			Inspec	
AF	or the	e 2021 calend	ndar ye	ar, or tax	year begi	nning	OCT	1,	2021	an	nd ei	nding 🖁	SEP	30,	2022			
B C aj	heck if pplicable	e: C Name of	of orga	anization									D Er	nploye	er identif	icatio	on number	
	Addres	e COMP	PET	ITIVE	ENTER	PRI	SE II	ISTI	ITUTE									
	Name	Doing bi	busine	ss as										<u>52-1</u>	<u>L3517</u>	85		
	Initial return			street (or F					reet addre	ss)	R	loom/suite		-	ie numbe			
	Final return/		0 Ц	STREE	IT, NW	1, 7	<u> FH</u> FI	<u>.</u>						(202	2) 33	1-1		
	termin ated	City or t	r town,	state or pr	rovince, co	ountry,	and ZIP	or fore	ign posta	al code			G Gro	oss receip	ots \$		8,093	<u>,380.</u>
	Ameno	WASH		GTON,		2000							H(a)	ls this a	a group i	return		
	Applic tion	F Name a	and ad	ddress of p	rincipal of	ficer: K	ENT	LAS	SMAN				1	for sub	ordinate	s?	Yes	X No
-	pendir	⁹ SAME	AS	C ABO)VE								H(b) /	Are all su	bordinates i	include	d? Yes	No
<u>I</u> T	ax-exe	empt status: [X	501(c)(3)	501 (a	c) () 🛋	(insert	no.)	4947(a)(1	1) or	52	<u>7</u> 1	lf "No,"	' attach a	a list.	See instruct	ions
		te: 🕨 WWW .															mber 🕨	
κF	orm of	organization:	X	Corporation	Tru 🗌	ist	Associ	ation	Oth Oth	er 🕨		L Year	of forma	ation: 1	L984	M Sta	te of legal dor	nicile: DC
Pa	rt I	Summary																
	1	Briefly describ	ibe the	organizati	ion's missi	ion or n	nost sign	ificant	activities	E PUBI	LI(C POI	ICY	RES	EARC	H/E	DUCATI	ON
Governance		DEDICAT	TED	TO PR	INCIP	PLES	OF F	REF	<u>S ENT</u>	ERPRI	SE	6 & L	IMIT	ED (GOVEF	RWN	ENT.	
rna	2	Check this bo	oox 🕨	· if th	he organiz	ation di	iscontinu	ied its	operation	ns or disp	ose	d of more	e than 2	5% of i	ts net as	sets.		
ove	3	Number of vot	oting r	nembers of	f the gove	rning b	ody (Par	t VI, lin	ie 1a) .						3			11
ğ	4	Number of ind	ndeper	ident votin	g member	s of the	; governi	ng boo	dy (Part \	/I, line 1b)					4			10
s S	5	Total number	er of ind	dividuals er	nployed ir	n calend	lar year :	2021 (Part V, lir	ie 2a)					5			38
/itie	6	Total number	r of vo	lunteers (e:	stimate if ı	necessa	ary)											10
Activities &	7 a '	Total unrelated	ted bus	siness reve	nue from I	Part VII	i, columr	1 (C), li	ne 12						7a			0.
<	b	Net unrelated	d busii	ness taxabl	le income	from Fo	orm 990-	T, Par	t I, line 1 ⁻	l					7b			0.
												_		ior Yea			Current Y	
đ	8	Contributions	s and	grants (Par	t VIII, line	1h)							6,	747,	374.		7,868	
nu	9	Program servi	vice re	venue (Par	t VIII, line :	2g)									0.			0.
Revenue	10	Investment inc	ncome	(Part VIII,)	column (A), lines	3, 4, and	i 7d)							763.			,307.
æ	11	Other revenue	Je (Par	t VIII, colur	nn (A), line	es 5, 6d	i, 8c, 9c,	10c, a	and 11e)						831.			,913.
	12	Total revenue	e - ado	l lines 8 thr	rough 11 (i	must ed	jual Part	VIII, c	olumn (A), line 12)			6,		306.		7,758	
	13	Grants and sir	similar	amounts p	aid (Part I)	X, colur	mn (A), lii	nes 1-3	3)					12,	500.			0
	14	Benefits paid 1	d to or	for membe	ers (Part IX	, colum	ın (A), lin	e 4)		, ,					0.			0.
s	15	Salaries, other	er com	pensation,	, employe	e benef	its (Part	IX, col	umn (A),	lines 5-10))		4,		473.		4,097	
nses	16a	Professional fu	fundra	aising fees	(Part IX, c	olumn (A), line 1	1e)						56,	100.			,850.
Exper	b	Total fundraisi	ising e	xpenses (P	art IX, coli	umn (D)), line 25)		•	853,2	23(0.	Mr.		1/ 12	1.1	11 1. 11/21	Mille Mille
ŵ	17	Other expense	ses (Pa	art IX, colui	mn (A), line	es 11a-	11d, 11f	·24e)					2,4	439,	192.		2,542	<u>,983.</u>
	18	Total expense	ses. Ac	Id lines 13-	17 (must e	equal P	art IX, cc	olumn ((A), line 2	5)			6,	582,	265.		6,681,	,965.
	19	Revenue less	s expe	nses. Subt	ract line 1	8 from	line 12							153,	041.		1,076,	,811.
10 SH												B	eginning	of Curr	ent Year		End of Ye	
Net Assets or	20	Total assets (F	(Part)	(, line 16)											663.		5,463,	,449.
Ass	21	Total liabilities													866.		1,915,	,841.
Net	22	Net assets or t	•												797.		3,547	,608.
	int II	Signature																
Unde	er pena	Ities of perjury, I	/, I decl	are that I hav	ve examine	d this re	turn, inclu	uding ar	ccompany	ing schedul	les a	and statem	ents, and	d to the	best of m	y knov	vledge and be	lief, it is
		t, and complete.																
					000		2							T	11/0	ret	30	1800

Sign	Signature of officer	~	Date March & 18C					
Here	KENT LASSMAN, PRESIDEN!	P						
Paid	Print/Type preparer's name AARON M. FOX	Preparer's signature	Date	Check PTIN if self-employed P01365820				
Preparer	Firm's name MARCUM LLP			Firm's EIN ▶ 11-1986323				
Use Only								
	WASHINGTON, DC 2	0036		Phone no. (202) 227-4000				
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No				

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

Form	990 (2021) COMPETITIVE ENTERPRISE INSTITUTE	52-1351785	Page 2
	t III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	COMPETITIVE ENTERPRISE INSTITUTE (CEI) IS A NON-PROFIT H		
	ORGANIZATION DEDICATED TO THE PRINCIPLES OF FREE ENTERPH		
	LIMITED GOVERNMENT. WE BELIEVE THAT CONSUMERS ARE BEST H		
	GOVERNMENT REGULATION BUT BY BEING ALLOWED TO MAKE THEIR	COWN CHOICES	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
Ū	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$971,485. including grants of \$) (Reve	nue \$)
	COMMUNICATIONS AND OUTREACH		
	CEI'S COMMUNICATIONS AND OUTREACH DEPARTMENT ASSISTS THE		
	CENTERS WITH THEIR EFFORTS TO DISSEMINATE RESEARCH FIND		
	ANALYSIS TO VARIOUS AUDIENCES INCLUDING POLICYMAKERS, NE		
	ALLIED ORGANIZATIONS, AND THE GENERAL PUBLIC. IT ALSO HE CENTERS BUILD COALITIONS OF LIKE MINDED SCHOLARS, ACTIV		
	STAKEHOLDERS TO ADVANCE THE ORGANIZATION'S MISSION OF PH		<u>5R</u>
	INSTITUTIONS OF LIBERTY AND REMOVING GOVERNMENT-CREATED		
	ECONOMIC FREEDOM, INNOVATION, AND PROSPERITY.	DARRIERO IO	
4b	(Code:) (Expenses \$895,000. including grants of \$) (Reve	enue \$)
	CENTER FOR ECONOMIC FREEDOM		(
	CEI'S CENTER FOR ECONOMIC FREEDOM ADDRESSES MANY OF THE		
	ACTIVITIES WHERE LONG-ESTABLISHED, AND OFTEN PATERNALIST		
	POLICIES TEND TO STYMIE THE CREATION AND EVOLUTION OF NE		
	SERVICES, TECHNOLOGIES, BUSINESS PRACTICES, AND WORK ARE		EY
	ISSUE AREAS INCLUDE BANKING AND SECURITIES REGULATION, (
	FINANCE, LABOR LAW AND EMPLOYMENT POLICY, CONSUMER PRODU		
	AND TRADE POLICY. THESE ISSUE AREAS REQUIRES OUR EXPERTS		
	UNDERSTANDING OF EXISTING REGULATION, REGULATION'S MONEY		
	COSTS, AND AN APPRECIATION OF THE WAY TECHNOLOGY AND INN NEW CHALLENGES AND PROSPECTS FOR REFORM.	UVALLON PRESE	210 1
40	(Code:) (Expenses \$ 786,184. including grants of \$) (Reve		<u> </u>
70	CENTER FOR LITIGATION - THE CENTRAL MISSION OF CEI'S CEN	ITER FOR LAW &	/
	LITIGATION IS TO ENCOURAGE GOVERNMENT BODIES TO COMPLY W		
	THAT GOVERNS THEM. CEI DOES THIS THROUGH REPRESENTATION		1
	PUBLIC INTEREST LITIGATION, SUBMISSION OF AMICUS BRIEFS,		
	ANALYSIS AND ADVOCACY, GOVERNMENT RECORDS REQUESTS, AND	RESEARCH	
	SUPPORT EXTENDED TO CEI'S POLICY COLLEAGUES. ISSUES THAT	THE CENTER F	IAS
	FOCUSED ON IN THE RECENT PAST INCLUDE CORPORATE AVERAGE		
	STANDARDS, CONSUMER APPLIANCE ENERGY EFFICIENCY STANDARD		
	UNIVERSAL SERVICE FEE, MUTUAL FUNDS FEES, AND CIVIL FORE	EITURE REFORM	1
4d	Other program services (Describe on Schedule O.)	Ň	
4-	(Expenses \$ 2,731,141. including grants of \$) (Revenue \$ Total program service expenses ► 5,383,810.)	
40	Total program service expenses F 5, 505, 0±0.	Eorm Q	90 (2021)
132002	12-09-21		(2021)
	2		

Form	aan	(2021)

 Form 990 (2021)
 COMPETITIVE
 ENTERPRISE
 INSTITUTE

 Part IV
 Checklist of Required Schedules
 INSTITUTE

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		x	
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	x	
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	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	x	
19	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	<u>^</u>	
18		18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
132003	12-09-21	Form	990 (2021)

Form	990	(2021)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	↓ 12-09-21	Form	990	(2021)
	4			,

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2021.05060 COMPETITIVE ENTERPRISE IN CEI____1

2021)	COMPETITIVE			
Sta	tements Regarding Other IR	IS Filings and Tax	Compliance	(continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 38		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
. _	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instructions.	0.		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a or		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
ta	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
h	If "Yes," enter the name of the foreign country	та		
S	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
ia	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		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		XX
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
_				
	Gross income from members or shareholders			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
5	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
5				
6	If "Yes," complete Form 4720, Schedule O.			
) ,	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
		17		

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Form 990 (2021)

Part V

Form 990	(2021)
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COMPETITIVE ENTERPRISE INSTITUTE

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Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	'No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	<u> </u>
11a		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		77	
	on Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	~	<u> </u>
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?	45 -	v	
a	The organization's CEO, Executive Director, or top management official	15a	X X	<u> </u>
b	Other officers or key employees of the organization	15b	~	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		x
ь.	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	165		
Sec	exempt status with respect to such arrangements?	16b		i
	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,	ΤТ.	KS	<u>kv</u>
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s			
10	-300 and -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -704 -70	Unity) (uvandi	210

for public inspection. Indicate how you made these available. Check all that apply.

 X
 Own website
 Another's website
 X
 Upon request

X Upon request Other (explain on Schedule O)

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and financial
	statements available to the public during the tax year.	

	CARRIE DIAMOND - (202) 331-1010	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	

					· · ·	,									
	131	LO L	STR	EET,	NW,	7 TH	FL,	WAS	SHING	CON,	DC	20005			
13	32006 12-09-	-21		SEE	SCH	EDULI	ΞO	FOR	FULL	LIST	OF	STATES		Form 990 (20	21)
										6					,
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Form 990 (2021)	COMPETITIVE ENTERPRISE INSTITUTE	52-1351785	Page 7
Part VII Compension	sation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
Employe	es, and Independent Contractors		
Check if Sc	hedule O contains a response or note to any line in this Part VII		
Section A. Officers, E	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 endi	ng with or within the organization'	s tax year.
 List all of the orga 	nization's current officers, directors, trustees (whether individuals or organizations),	regardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	L	1039-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KENT LASSMAN	40.00	_	_		-		4			
PRESIDENT		х		х				313,279.	Ο.	29,972.
(2) WAYNE CREWS	40.00									
VP FOR POLICY						X		165,996.	0.	30,608.
(3) SAM KAZMAN	40.00									
VP, GEN. COUNSEL - UNTIL 07/2022				Х				153,991.	0.	24,017.
(4) JOEL ZINBERG	40.00									
SENIOR FELLOW						Х		173,000.	0.	2,595.
(5) IAIN MURRAY	40.00									
VP OF STRATEGY						Х		147,856.	0.	26,919.
(6) MARLO LEWIS	40.00									
SENIOR FELLOW						Х		122,541.	0.	22,002.
(7) MYRON EBELL	40.00									
DIRECTOR FOR CENTER FOR E&E						X		135,901.	0.	1,674.
(8) AMANDA FRANCE	40.00									
DIRECTOR OF EVENTS				Х				113,369.	0.	7,716.
(9) CARRIE DIAMOND	40.00									
TREASURER, DIR OF ADMINISTRATION				Х				117,461.	0.	3,206.
(10) JEAN-CLAUDE GRUFFAT	1.00									
CHAIRMAN		Х						0.	0.	0.
(11) FRED L. SMITH, JR.	1.00									
FOUNDER, DIRECTOR		Х						0.	0.	0.
(12) KRISTINA CRANE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MICHAEL S. GREVE	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MICHAEL W. GLEBA	1.00									
DIRECTOR - UNTIL 11/2021		Х						0.	0.	0.
(15) LAURA HOLMES JOST	1.00									
DIRECTOR - UNTIL 11/2021		Х						0.	0.	0.
(16) BILL KEYES	1.00									
DIRECTOR - UNTIL 04/2022		Х						0.	0.	0.
(17) DANA MODZELEWSKI	1.00									
DIRECTOR		Х						0.	0.	0.
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Form 990 (2021) COMPETIT	VE ENTE	RP	RI	SE	I	NS	ΤI	TUTE	52-135	1785 i	-age 8	
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not cl , unles	s per	ition more son is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compens from t organiza and rela organiza	he ation ated	
(18) GEOFFREY POHANKA DIRECTOR	1.00	х						0.	0		0.	
(19) IKE SUGG	1.00									-		
DIRECTOR - UNTIL 04/2022		х						0.	0		0.	
(20) RICHARD TREN	1.00											
DIRECTOR		х						0.	0		0.	
(21) TODD ZYWICKI	1.00									•		
DIRECTOR		х						0.	0		0.	
1b Subtotal	Subtotal 1,443,394. 0.1						. 148,7	/09.				
c Total from continuation sheets to Part VI								0.	0		0.	
d Total (add lines 1b and 1c)								1,443,394.	0		-	
2 Total number of individuals (including but n compensation from the organization ►							o re				9	
3 Did the organization list any former officer,	-			•	-		Ŭ	• •		Yes		
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsat	tion	and	oth	ner compensation from t	ne organization	3	X	
and related organizations greater than \$150	,		•							4 X		
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	oma	any	unre	late	ed organization or individ	lual for services			
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	<u>ich r</u>	bers	on .				5	X	
1 Complete this table for your five highest control the organization. Report compensation for the organization for										sation from		
(A)	ne oulendur ye			9		<u>, , , , , , , , , , , , , , , , , , , </u>		(B)		(C)		
Name and business	address							Description of s	ervices	Compensati	on	
DECHERT LLP												
2929 ARCH STREET, PHILADE	LPHIA,	PA	1	91	04			ATTORNEY		227,3	80.	
MARIO LOYOLA, 2127 CALIFORNIA STREET, NW,												
APT 302, WASHINGTON, DC 2								CONSULTANT		120,0	00.	
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos 2		ed	above) who received mo	pre than			
										Form 990	(2021)	

	<u>1 990 (</u>		ITERPRISE	INSTITUTE	6	52-1351	785 Page 9
Pa	rt VII						
		Check if Schedule O contains a response o	r note to any line		(D)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
rani	b	Membership dues 1b					
¶ Ng Ug	с		406,767.				
ar /	d	Related organizations 1d					
imil	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f 7 , 4	461,615.				
ontr od O	g						
<u>ठ</u> ह	h	Total. Add lines 1a-1f		,868,382.			
		-	Business Code				
Program Service Revenue	2 a						
serv ue	b						
am Ser evenue	c d						
gra Re	e						
Pro	f	All other program service revenue					
	g		>				
	3	Investment income (including dividends, interes					
		other similar amounts)		16,006.			16,006.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	-	Gross rents 6a					
	b						
	ر اہ	Rental income or (loss)					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a	assets other than inventory 7a 18,864 .	(
	b	Less: cost or other basis					
e	-		2,320.				
venue	с	Gain or (loss) 7c -379.	2,320.				
0	d	Net gain or (loss)	►	-2,699.	-2,320.		-379.
Other R	8 a	Gross income from fundraising events (not					
ð		including \$406 , 767 of					
		contributions reported on line 1c). See	00 000				
			<u>98,633.</u> 313,041.				
		Less: direct expenses 8b Net income or (loss) from fundraising events	▶	-214,408.			-214,408.
		Gross income from gaming activities. See		214,400.			214,400.
	5 a	Part IV, line 19					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	►				
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory	····· •				
S		CIDIENCE INCOME	Business Code	00 000	00 000		
neot	11 a	SUBLEASE INCOME MISCELLANEOUS	900099	88,028. 3,467.	88,028. 3,467.		
yen	d	HISCHINNEOOS	500033	5,40/•	5,40/.		
Miscellaneous Revenue	c d	All other revenue					<u> </u>
Σ	e	Total. Add lines 11a-11d		91,495.			
	12	Total revenue. See instructions		7,758,776.	89,175.	0.	-198,781.
13200	9 12-09						Form 990 (2021)

COMPETITIVE ENTERPRISE INSTITUTE

	heck if Schedule O contains a respons	(A)		(C)	(D)
Do not include ar 7b, 8b, 9b, and 1	nounts reported on lines 6b, 0b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and ot	her assistance to domestic organizations				
and domestic	governments. See Part IV, line 21				
2 Grants and	other assistance to domestic				
individuals.	See Part IV, line 22				
Grants and	other assistance to foreign				
	is, foreign governments, and foreign				
	See Part IV, lines 15 and 16				
4 Benefits pai	d to or for members				
5 Compensati	on of current officers, directors,				
trustees, an	d key employees	695,686.	538,531.	15,715.	141,440
6 Compensation	n not included above to disqualified				
persons (as d	efined under section 4958(f)(1)) and				
persons desc	ribed in section 4958(c)(3)(B)				
7 Other salarie	es and wages	2,837,602.	2,285,465.	226,097.	326,040
	accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	25,627.	20,585.	2,419.	2,623
	byee benefits	268,633.	252,175.	397.	16,061
	s	269,584.	218,703.	17,202.	33,679
	vices (nonemployees):				
a Managemer	nt				
		84,302.		84,302.	
		244,732.	232,687.		12,045
	undraising services. See Part IV, line 17	41,850.			41,850
	management fees				-
	e 11g amount exceeds 10% of line 25,				
	mount, list line 11g expenses on Sch 0.)	569,528.	551,237.	2,066.	16,225
	and promotion	11,342.	11,342.		
	nses	153,861.	80,673.	28,416.	44,772
	technology	127,799.	86,625.	14,897.	26,277
					/ _ / . /
		682,421.	567,147.	23,055.	92,219
7 Travel		106,879.	90,593.	1,020.	15,266
	f travel or entertainment expenses	10070750		1,0200	10,200
,	ral, state, or local public officials				
	s, conventions, and meetings	103,239.	101,845.	439.	955
		4,048.	3,364.	137.	547
	o affiliates		5,5010		547
	n, depletion, and amortization	130,001.	108,041.	4,392.	17,568
		57,009.	47,394.	1,923.	7,692
	es. Itemize expenses not covered	57,005.		1,743.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 Other expense above. (List n	hiscellaneous expenses on line 24e. If				
line 24e amou	Int exceeds 10% of line 25, column (A),				
	ne 24e expenses on Schedule O.)	202,340.	129,838.	14,834.	57,668
	& SUBSCRIPTIONS	57,832.	57,415.	114.	303
			57,413.	7,500.	505
c BAD DE		7,500. 150.	1 5 0	1,500.	
	BUTION TO OTHER G	.061	150.		
e All other exp			E 202 010		050 000
	al expenses. Add lines 1 through 24e	6,681,965.	5,383,810.	444,925.	853,230
	Complete this line only if the organization				
-	olumn (B) joint costs from a combined				
	ampaign and fundraising solicitation.				
Check here	X if following SOP 98-2 (ASC 958-720)				Form 990 (20)

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COMPETITIVE	ENTERPRISE	INSTITUTE
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	נא	Dalalice Sheet					
		Check if Schedule O contains a response or note	e to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,915,673.	1	2,785,493.
	2	Savings and temporary cash investments			478,627.	2	497,251.
	3	Pledges and grants receivable, net			812,500.	з	672,500.
	4	Accounts receivable, net			19,598.	4	20,990.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ns (as defined				
		under section 4958(f)(1)), and persons described	in section	4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	Prepaid expenses and deferred charges			176,072.	9	205,566.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,812,741.			
	b	Less: accumulated depreciation	10b	1,260,850.	641,202.	10c	551,891.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1		652,043.	12	667,926.
	13	Investments - program-related. See Part IV, line 1	I1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			61,948.	15	61,832.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		4,757,663.	16	5,463,449.
	17	Accounts payable and accrued expenses			589,034.	17	417,023.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of S	Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er officer,	director,			
Liabilities		trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%			
iab		controlled entity or family member of any of thes	e persons	·····		22	
	23	Secured mortgages and notes payable to unrela	-	·····		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X	1 (07 020		1 400 010
		of Schedule D			1,697,832.		1,498,818.
	26				2,286,866.	26	1,915,841.
s		Organizations that follow FASB ASC 958, che	ck here				
5 C		and complete lines 27, 28, 32, and 33.			1 764 067		2 672 216
alar	27	Net assets without donor restrictions	<u>1,764,067.</u> 706,730.	27	2,672,216. 875,392.		
Ä	28	Net assets with donor restrictions	100,130.	28	0/5,592.		
ň		Organizations that do not follow FASB ASC 95	58, check	here 🕨 🛄			
л Г	~~	and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
¢t A	31	Retained earnings, endowment, accumulated inc			2,470,797.	31	3 5/7 600
ž	32	Total net assets or fund balances			4,757,663.	32	3,547,608. 5,463,449.
	33	Total liabilities and net assets/fund balances			4,/J/,003.	33	

Form 990 (2021)
Part X Balance Sheet

_

	990 (2021) COMPETITIVE ENTERPRISE INSTITUTE	52-	<u>-1351</u>	785	Pa	_{ge} 12			
Pa	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	,75	8,7	76.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,68	1,9	65.			
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,47	0,7	97.			
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 on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	3	,54	7,6	08.			
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>						
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit						
	Act and OMB Circular A-133?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b	000				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	ne of t	the organization				_			identification number
				TERPRISE INST					2-1351785
Ра	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only (one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
		section 170(b)(1)(A)(iv). (C							
6	\square	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	•				.,	ne general r	oublic described in
•		section 170(b)(1)(A)(vi). (C			onn a gove			ie general p	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11)				
9	H	An agricultural research org				ad in conii	unction with a	land-grant	college
5		or university or a non-land-g	-			-		-	-
		university:	grant conege of agrici			name, ony	, and state of	the college	
10			Illy reacives (1) more	than 22 1/20/ of its supr	ort from o	optributior	a momborab	in food and	d aroon ronginto from
10		An organization that norma							
		activities related to its exer							
		income and unrelated busin		(less section 511 tax) inc	nii busines	ses acqui	red by the org	janization a	inter Julie 30, 1975.
44		See section 509(a)(2). (Con		valu to toot for public oo	fatu Caa	oootion El	O(a)(4)		
11	\mathbb{H}	An organization organized a	-	•	•			way out the	nurnanan of ana ar
12		An organization organized a		•				-	
		more publicly supported or							Sheck the box on
-		lines 12a through 12d that	• •					-	ali da a
а		Type I. A supporting orga			• • •	-			
		the supported organization			majority o	of the aired	ctors or truste	es of the su	ipporting
		organization. You must o	-						
b		Type II. A supporting org	-				-		•
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
	_	organization(s). You mus							
С		Type III functionally inte						ly integrate	d with,
		its supported organization	. , . ,	•	-				
d		Type III non-functionally						-	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	,	•					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supportion	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information			(iv) is the oros	anization listed			
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	
Tota	al								

Schedule A (Form 990) 2021 Part II Support Sch

COMPETITIVE ENTERPRISE INSTITUTE

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6309693.	7110810.	6696253.	6747372.	7868382.	34732510.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6309693.	7110810.	6696253.	6747372.	7868382.	34732510.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4180295.
6	Public support. Subtract line 5 from line 4.						30552215.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	6309693.	7110810.	6696253.	6747372.	7868382.	34732510.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	95,904.	91,468.	101,695.	100,252.	103,655.	492,974.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,526.		122.	16,442.	3,467.	21,557.
11	Total support. Add lines 7 through 10						35247041.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	808,215.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	86.68 %
	Public support percentage from 2020					15	86.90 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶∟
						Schedule A	(Form 990) 2021

132022 01-04-22

COMPETITIVE ENTERPRISE INSTITUTE Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge					-	
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
	check this box and stop here	<u></u>					>
Sec	ction C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than a	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an	d stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, chec	ck this box and s t	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
13202	3 01-04-22					Schedule /	A (Form 990) 2021

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COMPETITIVE ENTERPRISE INSTITUTE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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52-1351785 Page 5 COMPETITIVE ENTERPRISE INSTITUTE Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued Yes 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 on lines 11b and 11c below, the governing body of a supported organization? 11a

- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI

Section B. Type I Supporting Organizations

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised. or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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)

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section 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 instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---------------------------------------------------	---------------------------------------------------------------------------------	--

2 Activities Test. Answer lines 2a and 2b below.

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- a 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

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Yes No

Yes No

Yes No

11b

11c

2

1

COMPETITIVE ENTERPRISE INSTITUTE

1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations mus		•	
	All other Type in non-runctionally integrated supporting organizations mus		Bections A through E.	(D) Current Veer
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
-	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2021

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COMPETITIVE ENTERPRI

ISE	INSTITUTE	52-1351785	Page 7
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Sche		NTERPRISE INST		5	2-1351785 Page 7
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	\$	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS			
2017 AMOUNT: \$	1,526.		
2019 AMOUNT: \$	122.		
2020 AMOUNT: \$	16,442.		
2021 AMOUNT: \$	3,467.		
132028 01-04-22			Schedule A (Form 990) 2021
		20	-

SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)		2021				
	-F7					
Department of the Treasury Internal Revenue Service		if the organization is describe to www.irs.gov/Form990 for				Open to Public Inspection
If the organization ans	wered "Yes," on	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, lir	ne 46 (Political Campaig	n Activitie	es), then
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not co	mplete Part I-C.			
 Section 501(c) (othe 	r than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Part I-B	8.	
 Section 527 organiz 	ations: Complete	e Part I-A only.				
If the organization ans	wered "Yes," on	Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, li	ne 47 (Lobbying Activitie	es), then	
	•	nave filed Form 5768 (election ur	(<i>m</i>	•	•	
	•	nave NOT filed Form 5768 (electi	•	<i>·/</i>		
-		Form 990, Part IV, line 5 (Prox	y Tax) (See separate i	nstructions) or Form 99	0-EZ, Par	t V, line 35c (Proxy
Tax) (See separate inst		iono: Complete Dart III				
Name of organization), or (6) organizat	ions: Complete Part III.		En	anlovor id	entification number
Name of organization		TIVE ENTERPRISE	тметттт	- "		-1351785
Part I-A Compl		anization is exempt und		or is a section 527 (
					Jigamze	
1 Provide a descripti	on of the organiz	ation's direct and indirect politic	al campaion activities i	n Part IV		
2 Political campaign					• \$	
3 Volunteer hours for	<i>,</i>				Ψ	
	ponnoan oannpan	g., activited				
Part I-B Compl	ete if the org	anization is exempt und	er section 501(c)(3).		
1 Enter the amount o	f any excise tax	incurred by the organization und	ler section 4955		• \$	
2 Enter the amount o	f any excise tax	incurred by organization manage	ers under section 4955	Þ	• \$	
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720	for this year?		<u> </u>	Yes No
4a Was a correction m	ade?				L	Yes No
b If "Yes," describe in		onization is evenent und	a_{1} and b_{2}	avaant agation 501	(a)(2)	
		anization is exempt und		-		
		l by the filing organization for se			•\$	
		ization's funds contributed to ot			•	
exempt function ac		. Add lines 1 and 2. Enter here a			• \$	
•	•				• ¢	
		1120-POL for this year?			ч —	Yes No
		ployer identification number (EI				
		tion listed, enter the amount paid				
		omptly and directly delivered to a				
political action corr	mittee (PAC). If a	additional space is needed, prov	ide information in Part	IV.		
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0) pro deliv	Amount of political butions received and mptly and directly vered to a separate itical organization.
			+			
				1		

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

Schedule C (Form 990) 2021

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		ENTERPRISE			351785 Page 2				
Part II-A Complete if the orga	anization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under				
section 501(h)).									
A Check 🕨 🛄 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,									
expenses, and share of excess lobbying expenditures).									
B Check ▶ if the filing organizat	tion checked box A an	d "limited control" pro	visions apply.						
Limit	s on Lobbying Exper	ditures		(a) Filing organization's	(b) Affiliated group totals				
(The term "expend	litures" means amou	nts paid or incurred.)		totals	101010				
1a Total lobbying expenditures to influ	ence public opinion (c	irassroots lobbying)		42.					
b Total lobbying expenditures to influ				37,759.					
c Total lobbying expenditures (add lir	-	• • • • •		37,801.					
d Other exempt purpose expenditure				7,104,591.					
e Total exempt purpose expenditures				7,142,392.					
f Lobbying nontaxable amount. Ente	r the amount from the	following table in both	i columns.	507,120.					
If the amount on line 1e, column (a) of	r (b) is: The lobl	bying nontaxable amo	ount is:						
Not over \$500,000	20% of t	he amount on line 1e.							
Over \$500,000 but not over \$1,000		0 plus 15% of the exce							
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exce							
Over \$1,500,000 but not over \$17,0		0 plus 5% of the exces	s over \$1,500,000.						
Over \$17,000,000	\$1,000,0	000.							
	126,780.								
 g Grassroots nontaxable amount (ent h Subtract line 1g from line 1a. If zero 		0.							
i Subtract line 1f from line 1c. If zero				0.					
i If there is an amount other than zer				01					
reporting section 4911 tax for this	2			Г	Yes No				
		raging Period Under							
(Some organizations th				of the five columns be	low.				
	· · ·	ate instructions for lin							
	Lobbying Expen	ditures During 4-Yea	r Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total				
2a Lobbying nontaxable amount	457,807.	455,526.	482,200.	507,120.	1,902,653.				
b Lobbying ceiling amount									
(150% of line 2a, column(e))					2,853,980.				
c Total lobbying expenditures	21,889.	29,819.	28,492.	37,801.	118,001.				
	114 450	112 000	100 550	100 800					
d Grassroots nontaxable amount	114,452.	113,882.	120,550.	126,780.	475,664.				
e Grassroots ceiling amount (150% of line 2d, column (e))					713,496.				
	450.	1,698.	1,703.	42.	3,893.				
f Grassroots lobbying expenditures	450.	1,090.	I,/UJ.		ن د و ع بر اle C (Form 990) 2021				

COMPETITIVE ENTERPRISE INSTITUTE

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)).

For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
h	Debid sheft a supervise the first state and the first supervise state days the state of a three state the state				
	Paid start or management (include compensation in expenses reported on lines 1c through 1)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did 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				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		2b		
с	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Num	COMPETITIVE ENTERP	RISE INSTITUTE	52-1351785				
Pa							
	organization answered "Yes" on Form 990, Part IV, lin						
	-	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in		advised funds				
J	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
Ŭ	for charitable purposes and not for the benefit of the donor of						
			ľ m m				
Pa							
1	Purpose(s) of conservation easements held by the organizati	•					
•	Preservation of land for public use (for example, recrea		on of a historically important land area				
	Protection of natural habitat		on of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the f	orm of a conservation easement on the last				
-	day of the tax year.		Held at the End of the Tax Year				
а							
b							
c	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired a						
u	listed in the National Register						
3	Number of conservation easements modified, transferred, rel						
•	year >						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per		a of				
•	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting,						
-	►	5	5,				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing cons	ervation easements during the year				
	▶\$						
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section	170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No				
9	In Part XIII, describe how the organization reports conservati						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial sta	tements that describes the				
	organization's accounting for conservation easements.						
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, o	r Other Similar Assets.				
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statem	ent and balance sheet works				
	of art, historical treasures, or other similar assets held for put	olic 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							
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in	furtherance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre	asures, or other similar assets for fina	ancial gain, provide				
	the following amounts required to be reported under FASB A	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 202				

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29						
	-	_	-	_	-	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asse	ts (continued)							
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its	S							
collection items (check all that apply):								
a Public exhibition d Loan or exchange program								
b Scholarly research e Other								
c Preservation for future generations								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par	rt XIII.							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
to be sold to raise funds rather than to be maintained as part of the organization's collection?	Yes No							
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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?	Yes No							
b If "Yes," explain the arrangement in Part XIII and complete the following table:								
	Amount							
c Beginning balance								
d Additions during the year 1d								
e Distributions during the year 1e								
f Ending balance	<u> </u>							
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Yes No							
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								
	k (e) Four years back							
1a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities								
and programs								
f Administrative expenses								
 g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 								
a Board designated or quasi-endowment ► %								
b Permanent endowment > %								
c Term endowment > %								
The percentages on lines 2a, 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:	Yes No							
(i) Unrelated organizations								
(ii) Related organizations <u>3a(ii)</u>								
 b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation	(d) Book value							
1a Land								
b Buildings								
c Leasehold improvements 983,556. 531,554.	452,002.							
d Equipment 596,635. 496,957.	99,678.							
e Other	211.							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	551,891.							

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" of			
	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	cial derivatives			
	y held equity interests			
(3) Other				
	NSURANCE ANNUITY ONTRACTS	667,926.	END-OF-YEAR MARKET	<u>177 T TTE</u>
	ONIKACIS	007,920.	END-OF-IEAR MARKEI	VALUE
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	667,926.		
	II Investments - Program Related.	· · ·		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
	(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)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1d See Form 990 Part X line 15	
		Description		(b) Book value
(1)	(0)			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) line	15.)	····· ►	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	ederal income taxes			1 480 000
	EFERRED RENT AND LEASE IN	ICENTIVES		1,470,023.
	APITAL LEASE OBLIGATION			28,795.
(4)				
(5)				
(6)				
(7)				
(8)				
		25 \		1,498,818.
	<i>lumn (b) must equal Form 990, Part X, col. (B) line</i> ty for uncertain tax positions. In Part XIII, provide [;]		the organization's financial statements that	

Schedule D (Form 990) 2021

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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

COMPETITIVE ENTERPRISE INSTITUTE Schedule D (Form 990) 2021

	dule D (Form 990) 2021 COMPETITIVE ENTERPRISE INS	-			1351785 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•			
1	Total revenue, gains, and other support per audited financial statements			1	8,219,206.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities	. 2b	147,389.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	313,041.		
е	Add lines 2a through 2d			2e	460,430.
3	Subtract line 2e from line 1			3	7,758,776.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b	4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,758,776.		
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	7,142,395.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	147,389.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d	313,041.		
е	Add lines 2a through 2d			2e	460,430.
3	Subtract line 2e from line 1			3	6,681,965.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,681,965.
Par	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II lines 3, 5, and 9. Part III lines 1a and 4. Part	IV lines 1h	and 2h. Part V line 4	· Part)	(line 2: Part XI

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

PART X, LINE 2:

CEI	REV	IEWS	AND	ASSE	SSES	ALL 2	ACTIV	ITIES	ANN	UALLY	то	IDENTI	FY AN	IY C	HANGES	
IN	THE	SCOPE	C OF	THE	ACTIV	/ITIE:	S AND	REVE	NUE	SOURC	ES A	AND THE	TAX	TRE	ATMENT	
THE	REOF	, то	IDEI	ITIFY	ANY	UNCE	RTAIN	TY IN	INC	COME T	AXES	5. FOR '	THE Y	EAR	ENDED	
SEP	TEMB	ER 30), 2()22,	MANAC	GEMEN'	r did	NOT	IDEN	TIFY	ANY	UNCERT	AINTY	IN IN	INCOME	
TAX	ES R	.EQUIF	RING	RECO	GNIT	ION O	R DIS	CLOSU	RE I	N THE	SE I	INANCI	AL ST	ATE	MENTS.	

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PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES

132054 10-28-21

313,041.

313,041.

Schedule D (Form 990) 2021

Schedule D	(Form 990)) 2021
D · >////	<u> </u>	

Part XIII	Supplemental Information	on (continued)		
				Schedule D (Form 990) 2021

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, d	or if the	2021
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service	-	o to www.irs.gov/Form990 for inst	ruction	s and	the latest informati			Inspection
Name of the organization					_			entification number
		TIVE ENTERPRISE IN					52-1351	
	complete this par	 Complete if the organization answers t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17	'. Form 990-E2	Ifilers are not
	-	sed funds through any of the followir	-					
a X Mail solicitat				•	overnment grants			
	email solicitations			-	nment grants			
c X Phone solici		g X Specia	l fundra	lising	events			
d X In-person so								
•		or oral agreement with any individual		Ũ				—
• • •		Part VII) or entity in connection with p			-		X Yes	
	e .	viduals or entities (fundraisers) pursu	ant to	agree	ments under which the	ne fun	draiser is to be	e
compensated at le	ast \$5,000 by the	organization.						
			(iii) fundr	Did		(v) /	Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	have c	ustody	(iv) Gross receipts from activity		r retained by) undraiser	to (or retained by)
or entity (lund	laiser)		or control of from activity lis			ed in col. (i)	organization	
NEXT AFTER LLC - 5	310		Yes	No		<u> </u>		
TENNYSON PARKWAY S	JITE 102,	FUNDRAISING CONSULTING		x	106,974.		26,000.	80,974.
CHRIS CORBETT - 51					,			,
CREEK DRIVE, FLOWE	R MOUND, TX	FUNDRAISING CONSULTING		x	65,564.		15,850.	49,714.
						<u> </u>		
						 		
			+			<u> </u>		
		1	1					
Total					172,538.		41,850.	130,688.
Total	ich the organization	on is registered or licensed to solicit					,	
or licensing.	ion the organizatio	on is registered of licensed to solicit	CONTRO	utions	or has been noutled	it is e	zempt from re	gistiation
					() NT NN NO			

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

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 Schedule G (Form 990) 2021
 COMPETITIVE
 ENTERPRISE
 INSTITUTE
 52-1351785
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	– col. (c))
Hevenue	1	Gross receipts	505,400.			505,400
	2	Less: Contributions	406,767.			406,767
_	3	Gross income (line 1 minus line 2)	98,633.			98,633
	4	Cash prizes				
ر ارد	5	Noncash prizes	1,070.			1,070
bense	6	Rent/facility costs	32,500.			32,500
Uirect Expenses	7	Food and beverages	74,513.			74,513
	8	Entertainment	18,193.			18,193
	9	Other direct expenses				<u>18,193</u> 186,765
	10				•	313,041
	11	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization				-214,408
,		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Peverine			(4) 2	bingo/progressive bingo	(0) 0 0.00 9 2.00.9	col. (a) through col. (c
-	1	Gross revenue				
- 1						
2 Q	2	Cash prizes				
Expenses	2 3					
Ulrect Expenses		Cash prizes				
DIrect Expenses	3 4	Cash prizes				
Direct Expenses	3 4	Cash prizes Noncash prizes Rent/facility costs	Yes% □No	Yes% □No	Yes% No	
DIrect Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No		No	, ,
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	No No	No ►	
	3 4 5 7 8	Cash prizes	n 5 in column (d)	No No	No ►	
)	3 4 5 7 8 Ent	Cash prizes	No No from line 1, column (d)	No	□ No ►	
a	3 4 5 7 8 Ent	Cash prizes	No N	No	□ No ►	
a b	3 4 5 6 7 8 Entl Is t If " We	Cash prizes	No	No No	□ No 	Yes N
ab	3 4 5 6 7 8 Entl Is t If " We	Cash prizes	No	No No	□ No 	Yes N

Schedule G (Form 990) 2021	COMPETITIVE E	INTERPRISE	INSTITUTE	52-135	1785	Page 3
11 Does the organization conduct				[Yes	No
12 Is the organization a grantor, b						
13 Indicate the percentage of gar	ng?			L	Yes	No
a The organization's facility				13	a	%
b An outside facility				13	b	%
14 Enter the name and address of	of the person who prepares the	organization's gamin	g/special events books and reco	rds:		
Name 🕨						
Address 🕨						
15a Does the organization have a	contract with a third party from	whom the organizati	on receives gaming revenue?		Yes	No No
b If "Yes," enter the amount of g	gaming revenue received by the	organization > \$	and the am	nount		
	y the third party ►\$					
c If "Yes," enter name and addr	ess of the third party:					
Name 🕨						
16 Gaming manager information:						
Name						
Gaming manager compensation	on 🕨 \$					
Description of services provid	ed 🕨					
Director/officer	Employee	Independent of	contractor			
17 Mandatory distributions:a Is the organization required ur	adar atata law ta maka abaritab	la diatributiana from t	ha coming proceeds to			
retain the state gaming license	•		ne gaming proceeds to		Yes	No No
b Enter the amount of distribution				in the		
	tivities during the tax year			<u> </u>		
	o, as applicable. Also provide ar		Part I, line 2b, columns (iii) and (v ion. See instructions.	i); and Part III,	lines 9, s	9D, 1UD,
SCHEDULE G, PART 1	I, LINE 2B, LIST	OF TEN HIC	HEST PAID FUNDRA	ISERS:		
(I) NAME OF FUNDRA	AISER: NEXT AFTE	R LLC				
(I) ADDRESS OF FUN	IDRAISER:					
5810 TENNYSON PARF	WAY SUITE 102,	PLANO, TX	75024			
(I) NAME OF FUNDRA	AISER: CHRIS COR	BETT				
(I) ADDRESS OF FUN 5104 PRAIRIE CREEN		MOUND, TX	75028			
132083 10-21-21				Schedule	G (Form	990) 2021
90307 150872 CEI		36 2021.0506	0 COMPETITIVE END	TERPRIS	E IN	CEI

Sch	nedule	G	(Form	990))

Part IV	Supplemental Information (continued)
_	
132084 11-18-	Schedule G (Form 990

SC	HEDULE J Compensation Information	I	OMB No. 1	545-004	47
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00	~ 4	
\	Compensated Employees		20	21	
	The Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service ■ Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization	mployer ide	entificatio	on nur	nber
	COMPETITIVE ENTERPRISE INSTITUTE	52-13	5178	5	
Pa	rt 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 on Form 990	0,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal	use			
	Travel for companions Payments for business use of personal reside	ence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, c	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		L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization t	to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	X Compensation committee Written employment contract				
	Independent compensation consultant				
	XForm 990 of other organizationsXApproval by the board or compensation com	imittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		x
b	Participate in or receive payment from a supplemental nonqualified retirement plan?				X
	Participate in or receive payment from an equity-based compensation arrangement?				x
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	······································				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?		5a		X
b	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?		6a		X
	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III		7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
			. 8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?		9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forn	n 990)	2021

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KENT LASSMAN	(i)	248,279.	65,000.	0.	4,983.	24,989.	343,251.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WAYNE CREWS	(i)	165,996.	0.	0.	2,671.	27,937.	196,604.	0.
VP FOR POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SAM KAZMAN	(i)	143,373.	10,618.	0.	2,434.	21,583.	178,008.	0.
VP, GEN. COUNSEL - UNTIL 07/2022	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOEL ZINBERG	(i)	173,000.	0.	0.	2,595.	0.	175,595.	0.
SENIOR FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) IAIN MURRAY	(i)	147,856.	0.	0.	2,340.	24,579.	174,775.	0.
VP OF STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

PART I, LINE 7:

THE BOARD OF DIRECTORS DETERMINES THE BONUS FOR THE PRESIDENT. THE

PRESIDENT DETERMINES THE BONUSES FOR ALL OTHER STAFF.

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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



COMPETITIVE ENTERPRISE INSTITUTE

Employer identification number 52-1351785

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

CEI'S CENTER FOR ENERGY AND ENVIRONMENT MAKES THE POSITIVE CASE FOR

ABUNDANT ENERGY AND PROMOTES ENVIRONMENTAL POLICIES BASED ON ECONOMIC

FREEDOM, PROPERTY RIGHTS, AND LIMITED GOVERNMENT. THE CENTER WORKS TO

COMBAT THE BELIEF THAT PROSPERITY THREATENS THE ENVIRONMENT, THAT THE

ANSWER TO EVERY ENVIRONMENTAL CHALLENGE IS MORE REGULATION AND THAT

RISKS CAN BE ABOLISHED BY LIMITING HUMAN INGENUITY.

EXPENSES \$ 738,280. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS

EXPENSES \$ 1,992,861. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE DRAFT VERSION OF THE FEDERAL FORM 990 IS REVIEWED BY THE PRESIDENT,

TREASURER/DIRECTOR OF ADMINISTRATION, AS WELL AS THE FULL BOARD OF

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

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

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

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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	52-1351785
CONFLICTS OF INTEREST. IF THE SUPERVISOR BELIEVES THE ISS	JE NEEDS TO BE
ADDRESSED AT A HIGHER LEVEL THE SUPERVISOR CAN THEN MOVE	THE DISCUSSION UP
THE CHAIN OF COMMAND WITHIN CEI. UNDER CEI'S CONFLICT OF	INTEREST POLICY,
BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST	DISCLOSURE

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

THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON COMPARABILITY DATA. A COMPENSATION STUDY WAS CONDUCTED IN OCTOBER 2019. THE BOARD REVIEWED THE PRESIDENT'S COMPENSATION USING THIS STUDY AND MADE ANY ADJUSTMENTS THEY DEEMED APPROPRIATE.

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

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.

132212 11-11-21