



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Return of Organization Exempt From Income Tax

2007

Department of the Treasury  
Internal Revenue Service(7)Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning Oct 1 , 2007, and ending Sep 30 , 2008

B Check if applicable

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

C Name of organization

COMPETITIVE ENTERPRISE INSTITUTE

Number and street (or P O box if mail is not delivered to street addr) Room/suite

1899 L ST, NW - 12TH FLOOR

City, town or country

WASHINGTON

State ZIP code + 4

DC 20036

D Employer Identification Number

52-1351785

E Telephone number

(202) 331-1010

F Accounting method

 Cash Accrual Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: ► www.CEI.ORG

J Organization type  
(check only one) ►  501(c) 3 (insert no)  4947(a)(1) or  527K Check here ►  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 5,257,682.

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates?  Yes  No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included?  Yes  No  
(If 'No,' attach a list. See instructions.)H (d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ►

M Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:			
a Contributions to donor advised funds	1a		
b Direct public support (not included on line 1a)	1b	5,229,933.	
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d		
e Total (add lines 1a through 1d) (cash \$ 5,229,933. noncash \$ _____)	1e	5,229,933.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	18,368.	
5 Dividends and interest from securities	5		
6a Gross rents	6a	9,381.	
b Less rental expenses	6b		
c Net rental income or (loss) Subtract line 6b from line 6a	6c	9,381.	
7 Other investment income (describe) ►	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8c		
9 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>	9d		
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events Subtract line 9b from line 9a	9c		
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b	RECEIVED	
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	5,257,682.	
13 Program services (from line 44, column (B))	13	3,548,275.	
14 Management and general (from line 44, column (C))	14	622,132.	
15 Fundraising (from line 44, column (D))	15	1,032,287.	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses. Add lines 16 and 44, column (A)	17	5,202,694.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	54,988.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,012,478.	
20 Other changes in net assets or fund balances (attach explanation)	20	100,435.	
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	2,167,901.	

REVENUE  
12 2010  
103  
EXPENSES  
13  
14  
15  
16  
17  
18  
19  
20  
21ASSETS  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21

See L-20 Stmt

676

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. See Instruct.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	<b>(A) Total</b>	<b>(B) Program services</b>	<b>(C) Management and general</b>	<b>(D) Fundraising</b>
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here ► <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here ► <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A See L-25a Stmt	575,778.	459,470.	43,760.	72,548.
<b>25b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B				
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	1,498,986.	1,196,732.	113,889.	188,365.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	476,547.	373,899.	35,693.	66,955.
<b>29</b> Payroll taxes	133,890.	105,104.	10,912.	17,874.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies	49,059.	7,663.	40,847.	549.
<b>34</b> Telephone	45,710.	34,877.	1,403.	9,430.
<b>35</b> Postage and shipping	52,469.	8,970.	1,345.	42,154.
<b>36</b> Occupancy	363,689.	264,475.	43,461.	55,753.
<b>37</b> Equipment rental and maintenance	54,048.	14,510.	37,837.	1,701.
<b>38</b> Printing and publications	209,741.	167,226.	14,892.	27,623.
<b>39</b> Travel	124,009.	96,231.	13,108.	14,670.
<b>40</b> Conferences, conventions, and meetings	19,448.	17,727.	1,087.	634.
<b>41</b> Interest	23,006.	16,730.	2,749.	3,527.
<b>42</b> Depreciation, depletion, etc (attach schedule)	35,745.	25,993.	4,272.	5,480.
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> <u>ADVERTISING &amp; NEWS SERVICE</u>	94,713.	92,686.	549.	1,478.
<b>b</b> <u>AWARDS AND GIFTS</u>	10,628.	9,741.	881.	6.
<b>c</b> <u>BOOKS AND SUBSCRIPTIONS</u>	61,934.	52,569.	2,261.	7,104.
<b>d</b> <u>CONSULT/AUTHOR FEES</u>	250,395.	226,883.	6,761.	16,751.
<b>e</b> <u>DIRECT MAIL</u>	444,718.	280,172.	22,236.	142,310.
<b>f</b> <u>EVENT EXPENSE</u>	294,524.	0.	0.	294,524.
<b>g</b> See Other Expenses Stmt	383,657.	96,617.	224,189.	62,851.
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	5,202,694.	3,548,275.	622,132.	1,032,287.

**Joint Costs.** Check ►  if you are following SOP 98-2
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ►  Yes  No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ 444,718.; (ii) the amount allocated to Program services

\$ 0.; (iii) the amount allocated to Management and general \$ 0.; and (iv) the amount allocated to Fundraising \$ 444,718..

**Part III | Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others )
What is the organization's primary exempt purpose? ► <u>ATTACHED SCHEDULE 2</u>	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
<b>a</b> <u>ATTACHED SCHEDULE 1</u>	
<u>(Grants and allocations \$</u> <u>0 . )</u> If this amount includes foreign grants, check here ► <input type="checkbox"/> <u>3,548,275.</u>	
<b>b</b>	
<u>(Grants and allocations \$</u> <u> )</u> If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
<u>(Grants and allocations \$</u> <u> )</u> If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
<u>(Grants and allocations \$</u> <u> )</u> If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services	
<u>(Grants and allocations \$</u> <u> )</u> If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>► 3,548,275.</b>

BAA

Form 990 (2007)

## Part IV | Balance Sheets (See the instructions.)

		(A) Beginning of year	(B) End of year
<b>ASSETS</b>	<b>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</b>		
45	Cash – non-interest-bearing	1,885,314.	45 1,891,146.
46	Savings and temporary cash investments		46
47a	Accounts receivable	47a 754,324.	
b	Less: allowance for doubtful accounts	47b 168,649.	47c 754,324.
48a	Pledges receivable	48a	
b	Less: allowance for doubtful accounts	48b	48c
49	Grants receivable		49
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
51a	Other notes and loans receivable (attach schedule)	51a	
b	Less: allowance for doubtful accounts	51b	51c
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges	35,775.	53 27,608.
54a	Investments – publicly-traded securities	► Cost      FMV	54a
b	Investments – other securities (attach sch)	► Cost      FMV	54b
55a	Investments – land, buildings, & equipment basis	55a	
b	Less: accumulated depreciation (attach schedule)	55b	55c
56	Investments – other (attach schedule)		56
57a	Land, buildings, and equipment basis	57a 522,016.	
b	Less accumulated depreciation (attach schedule) L-57 Stmt	57b 510,612.	40,672. 57c 11,404.
58	Other assets, including program-related investments (describe ► See Line 58 Stmt -----)	13,812.	58 51,838.
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	2,144,222.	59 2,736,320.
<b>LIABILITIES</b>			
60	Accounts payable and accrued expenses	131,744.	60 568,419.
61	Grants payable		61
62	Deferred revenue		62
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63
64a	Tax-exempt bond liabilities (attach schedule)		64a
b	Mortgages and other notes payable (attach schedule)		64b
65	Other liabilities (describe ► -----)		65
66	<b>Total liabilities</b> Add lines 60 through 65	131,744.	66 568,419.
<b>NET ASSETS/FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74		
67	Unrestricted	1,845,653.	67 1,316,718.
68	Temporarily restricted	166,825.	68 851,183.
69	Permanently restricted		69
<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/></b> and complete lines 70 through 74			
70	Capital stock, trust principal, or current funds		70
71	Paid-in or capital surplus, or land, building, and equipment fund		71
72	Retained earnings, endowment, accumulated income, or other funds		72
73	<b>Total net assets or fund balances</b> . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,012,478.	73 2,167,901.
74	<b>Total liabilities and net assets/fund balances</b> . Add lines 66 and 73	2,144,222.	74 2,736,320.

**Part IV-A | Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)**

a	Total revenue, gains, and other support per audited financial statements	a	5,369,333.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	51,976.
2	Donated services and use of facilities	b2	59,675.
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4		b 111,651.
c	Subtract line b from line a		c 5,257,682.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2		d
e	Total revenue (Part I, line 12) Add lines c and d		e 5,257,682.

**Part IV-B | Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements	a	5,262,369.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	59,675.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4		b 59,675.
c	Subtract line b from line a		c 5,202,694.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17) Add lines c and d		e 5,202,694.

**Part V-A | Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
FRED L. SMITH JR. 1899 L ST, NW - 12TH FLOOR WASHINGTON, DC 20036	PRESIDENT 40.00	208,182.	0.	0.
MICHAEL GREVE 1899 L ST, NW - 12TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
WILLIAM DUNN 1899 L ST, NW - 12TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
DR. LEONARD LIGGIO 1899 L ST, NW - 12TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
DR. THOMAS GALE MOORE 1899 L ST, NW - 12TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				



## Part VI Other Information (continued)

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85c	N/A
c Dues, assessments, and similar amounts from members	85d	N/A
d Section 162(e) lobbying and political expenditures	85e	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85h	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	86 a 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 a 501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.	89b	X
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89c	0.
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89d	0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	89e	X
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89f	X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89g	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
90 a List the states with which a copy of this return is filed ► See States Filed In	90b	40
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		
91 a The books are in care of ► COMPETITIVE ENTERPRISE INSTITUTE Telephone number ► (202) 331-1010 Located at ► 1899 L ST, NW, 12TH FLOOR WASHINGTON DC ZIP + 4 ► 20036	91b	X
b 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)? If 'Yes,' enter the name of the foreign country ►		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

**Part VI Other Information (continued)** Yes  No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

 91c  X

If 'Yes,' enter the name of the foreign country ►

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here

► 

and enter the amount of tax-exempt interest received or accrued during the tax year

► 92

**Part VII Analysis of Income-Producing Activities (See the instructions.)****Note:** Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a \_\_\_\_\_  
b \_\_\_\_\_  
c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_

f Medicare/Medicaid payments

g Fees &amp; contracts from government agencies

94 Membership dues and assessments

95 Interest on savings &amp; temporary cash invmnts

96 Dividends &amp; interest from securities

97 Net rental income or (loss) from real estate.

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from pers prop

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a \_\_\_\_\_

b \_\_\_\_\_  
c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_

104 Subtotal (add columns (B), (D), and (E))

14 18,368.

14 9,381.

27,749.

105 Total (add line 104, columns (B), (D), and (E))

► 27,749.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

N/A

(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

 Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes	No

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

Yes	No

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

Yes	No

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	► Signature of officer	Date	
	► Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>Naomi C. Rendosat, CPA</i>	Date <i>7/9/10</i>	Check if self-employed ► <input type="checkbox"/> Preparer's SSN or PTIN (See General Instruction X) <i>PSD234622</i>
	Firm's name (or yours if self-employed, address, and ZIP + 4) ► <i>Hendershot, Burkhardt &amp; Reed, CPAs</i>	EIN ►	
	► <i>7525 Presidential Lane</i>		Phone no ► (703) 361-1592
	<i>Manassas</i>	VA 20109	

BAA

Form 990 (2007)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

**2007**

Name of the organization

COMPETITIVE ENTERPRISE INSTITUTE

Employer identification number

52-1351785

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MARLO LEWIS 1899 L ST, NW - 12TH FLOOR WASHINGTON, DC 20036	SR FELLOW CLIMATE CHANGE 40.00	105,000.	0.	0.
MYRON EBELL 1899 L ST, NW - 12TH FLOOR WASHINGTON, DC 20036	DIR GLOBAL WARMING 40.00	100,594.	0.	0.
ELI LEHRER 1899 L ST, NW - 12TH FLOOR WASHINGTON, DC 20036	SENIOR FELLOW 40.00	104,000.	0.	0.
IAIN MURRAY 1899 L ST, NW - 12TH FLOOR WASHINGTON, DC 20036	SENIOR FELLOW 40.00	91,000.	0.	0.
HANS BADER 1899 L ST, NW - 12TH FLOOR WASHINGTON, DC 20036	COUNSEL FOR SPEC PROJ 40.00	85,254.	0.	0.
Total number of other employees paid over \$50,000	► NINE			

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CHRISTOPHER HORN KESWICK, . VA 22947	CONSULTING FEES	60,000.
THE HINKEY COMPANY 9058 EUCLID AVENUE MANASSAS VA 20110	DIRECT MAIL	202,387.
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services	► 2	

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services	► None	

<b>Part III Statements About Activities (See instructions.)</b>			<b>Yes</b>	<b>No</b>
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>14,473.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )	<b>1</b>	<b>X</b>	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>	
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>	
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>	
See Part V, Form 990				
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>	
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	<b>3a</b>	<b>X</b>	
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	<b>X</b>	
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	<b>3c</b>	<b>X</b>	
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>	<b>X</b>	
<b>4a</b>	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	<b>4a</b>	<b>X</b>	
<b>b</b>	Did the organization make any taxable distributions under section 4966?	<b>4b</b>		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ► <u>  </u>			
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► <u>  </u>			
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► <u>  </u> 0			
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► <u>  </u> 0.			

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box )

14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

BAA

---

**Schedule A (Form 990 or 990-EZ) 2007**

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28 )	3,545,199.	3,683,866.	3,208,102.	2,883,761.	13,320,928.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	23,754.	101.			23,855.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	65,942.	52,569.	32,805.	20,091.	171,407.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets. See L-22 Stmt	15,782.	7,003.	-4,083.	21,508.	40,210.
23 Total of lines 15 through 22	3,650,677.	3,743,539.	3,236,824.	2,925,360.	13,556,400.
24 Line 23 minus line 17	3,626,923.	3,743,438.	3,236,824.	2,925,360.	13,532,545.
25 Enter 1% of line 23	36,507.	37,435.	32,368.	29,254.	
<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24				<b>26a</b> 270,651.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 2,390,294.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 13,532,545.
<b>d</b> Add: Amounts from column (e) for lines:	18 171,407.	19			<b>26d</b> 2,601,911.
	22 40,210.	26b 2,390,294.			<b>26e</b> 10,930,634.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26f</b> 80.77 %
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year:					
(2006) ----- (2005) ----- (2004) ----- (2003) -----					
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2006) ----- (2005) ----- (2004) ----- (2003) -----					
<b>c</b> Add: Amounts from column (e) for lines:	15 -----	16 -----			<b>27c</b> -----
17 ----- 20 ----- 21 -----					<b>27d</b> -----
<b>d</b> Add: Line 27a total ----- and line 27b total -----					<b>27e</b> -----
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27f</b> -----
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					<b>27g</b> ----- %
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27h</b> ----- %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant <b>Do not file this list with your return.</b> Do not include these grants in line 15					

**Part V Private School Questionnaire (See Instructions.)****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

If 'Yes,' please describe; if 'No,' please explain (If you need more space, attach a separate statement )

-----

-----

-----

	Yes	No
29		
30		
31		

**32** Does the organization maintain the following:

**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

	32a
	32b
	32c
	32d

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )

-----

-----

**33** Does the organization discriminate by race in any way with respect to:

**a** Students' rights or privileges?

**b** Admissions policies?

**c** Employment of faculty or administrative staff?

**d** Scholarships or other financial assistance?

**e** Educational policies?

**f** Use of facilities?

**g** Athletic programs?

**h** Other extracurricular activities?

	33a
	33b
	33c
	33d
	33e
	33f
	33g
	33h

If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement )

-----

-----

**34a** Does the organization receive any financial aid or assistance from a governmental agency?

**b** Has the organization's right to such aid ever been revoked or suspended?

If you answered 'Yes' to either 34a or b, please explain using an attached statement

**35** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation

	34a
	34b
	35

**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

Check ► **a** if the organization belongs to an affiliated group      Check ► **b** if you checked 'a' and 'limited control' provisions apply

## Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred )

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		14,473.
38	Total lobbying expenditures (add lines 36 and 37)	38		14,473.
39	Other exempt purpose expenditures	39		5,188,221.
40	Total exempt purpose expenditures (add lines 38 and 39)	40		5,202,694.
41	Lobbying nontaxable amount Enter the amount from the following table –			
	If the amount on line 40 is –		The lobbying nontaxable amount is –	
	Not over \$500,000		20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000		\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	41		410,135.
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36			
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	42		102,534.
	<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720	43		0.
		44		0.

#### **4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►		(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount	268,621.	270,596.	222,350.	302,963.	1,064,530.
46	Lobbying ceiling amount (150% of line 45(e))					1,596,795.
47	Total lobbying expenditures	25,609.	22,969.	19,744.	41,174.	109,496.
48	Grassroots non-taxable amount	69,598.	69,603.	61,556.	77,589.	278,346.
49	Grassroots ceiling amount (150% of line 48(e))					417,519.
50	Grassroots lobbying expenditures	0.	0.	0.	0.	0.

## Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

**b Other transactions:**

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51 a (i)	X	
a (ii)	X	
b (i)	X	
b (ii)	X	
b (iii)	X	
b (iv)	X	
b (v)	X	
b (vi)	X	
c	X	

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

►  Yes  No

**b** If 'Yes.' complete the following schedule:

Name as Shown on Return  
COMPETITIVE ENTERPRISE INSTITUTE

Employer Identification No.  
52-1351785

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
FRED L. SMITH JR.	<input type="checkbox"/>	208,182.	166,129.	15,822.	26,231.
MICHAEL GREVE	<input type="checkbox"/>	0.	0.	0.	0.
WILLIAM DUNN	<input type="checkbox"/>	0.	0.	0.	0.
DR. LEONARD LIGGIO	<input type="checkbox"/>	0.	0.	0.	0.
See Compensation					
Total Compensation					
Received		575,778.	459,470.	43,760.	72,548.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
FRED L. SMITH JR.	<input type="checkbox"/>	0.			
MICHAEL GREVE	<input type="checkbox"/>	0.			
WILLIAM DUNN	<input type="checkbox"/>	0.			
DR. LEONARD LIGGIO	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		0.			

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
FRED L. SMITH JR.	<input type="checkbox"/>	0.			
MICHAEL GREVE	<input type="checkbox"/>	0.			
WILLIAM DUNN	<input type="checkbox"/>	0.			
DR. LEONARD LIGGIO	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a ►		575,778.	459,470.	43,760.	72,548.

**Additional Information**

---

SCHEDULE ONE

---

---

PAGE THREE, PART III

---

---

EXEMPT PURPOSE ACHIEVEMENTS:

---

ENVIRONMENTAL POLICY: SEEKS TO ANALYZE AND PROMOTE PROPERTY-BASED APPROACHES TO ENVIRONMENTAL PROTECTION AS WELL AS EXPLORING METHODS OF PRESERVING BOTH INDIVIDUAL LIBERTY AND THE ENVIRONMENT.

---

HEALTH & SAFETY: SEEKS TO ANALYZE THE OFTEN UNRECOGNIZED TOLL OF OVER-REGULATION ESPECIALLY IN TERMS OF REDUCED HEALTH AND SAFETY.

---

LEGAL & CONSTITUTIONAL STUDIES: SEEKS TO DEVELOP NEW TOOLS FOR CHALLENGING GOVERNMENT REGULATIONS AND TO USE THESE IN ADMINISTRATIVE AND COURT ACTIONS TO BETTER BALANCE THE PUBLIC POLICY DEBATE & TO RESTORE PROPERTY AND CONTRACT RIGHTS.

---

REGULATORY & ECONOMIC LIBERTY: SEEKS TO ANALYZE AND PROMOTE FREE-MARKET REGULATORY POLICIES IN AREAS SUCH AS TECHNOLOGY, TELECOM, ELECTRICITY, FINANCIAL REGULATION AND PRIVACY.

---

OTHER SERVICES PROVIDED BY CEI INCLUDE PUBLICATIONS, MEDIA OUTREACH, OTHER POLICY ISSUES, AND LOBBYING.

---

---

**Additional Information**

---

**SCHEDULE TWO**

---

---

**STATEMENT OF PURPOSE**

---

COMPETITIVE ENTERPRISE INSTITUTE IS A NON-PROFIT PUBLIC POLICY  
ORGANIZATION DEDICATED TO THE PRINCIPLES OF FREE ENTERPRISE AND LIMITED  
GOVERNMENT. WE BELIEVE THAT CONSUMERS ARE BEST HELPED NOT BY  
GOVERNMENT REGULATION, BUT BY BEING ALLOWED TO MAKE THEIR OWN  
CHOICES IN A FREE MARKETPLACE.

---

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<u>INSURANCE</u>	7,934.	5,770.	948.	1,216.
<u>IT SERVICES</u>	132,166.	51,902.	30,821.	49,443.
<u>LICENSES AND DUES</u>	5,895.	0.	587.	5,308.
<u>MISCELLANEOUS</u>	77,347.	6,768.	68,545.	2,034.
<u>OPERATING EXPENSE</u>	20,108.	14,623.	2,402.	3,083.
<u>PROFESSIONAL SERVICES</u>	140,207.	17,554.	120,886.	1,767.
<b>Total</b>	<b>383,657.</b>	<b>96,617.</b>	<b>224,189.</b>	<b>62,851.</b>

Form 990, Page 5, Part V-A

**List of Officers, Directors, Trustees, & Key Employees Statement**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>FRANCES B. SMITH</u> <u>1899 L ST, NW - 12TH FLOOR</u> <u>WASHINGTON, DC 20036</u>	<u>BOARD MEMBER</u>  <u>1.00</u>	<u>18,000.</u>	<u>0.</u>	<u>0.</u>
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>SAM KAZMAN</u> <u>1899 L ST, NW - 12TH FLOOR</u> <u>WASHINGTON, DC 20036</u>	<u>DIRECTOR OF REG</u>  <u>40.00</u>	<u>108,498.</u>	<u>0.</u>	<u>0.</u>
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>JODY M. CLARKE</u> <u>1899 L ST, NW - 12TH FLOOR</u> <u>WASHINGTON, DC 20036</u>	<u>DIRECTOR OF DEVELOPM</u>  <u>40.00</u>	<u>95,498.</u>	<u>0.</u>	<u>0.</u>
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>C. WAYNE CREWS</u> <u>1899 L ST, NW - 12TH FLOOR</u> <u>WASHINGTON, DC 20036</u>	<u>DIRECTOR OF TECH</u>  <u>40.00</u>	<u>145,600.</u>	<u>0.</u>	<u>0.</u>
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>JAMES CURLEY</u> <u>1899 L ST, NW - 12TH FLOOR</u> <u>WASHINGTON DC 20036</u>	<u>BOARD MEMBER</u>  <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

Form 990, Part VI, Page 7, Line 90a

**States Filed In**

Alabama  
 Alaska  
 Arizona  
 Arkansas  
 California  
 Colorado  
 Connecticut

Form 990, Part VI, Page 7, Line 90a

Continued

**States Filed In**

District of Columbia  
 Florida  
 Georgia  
 Illinois  
 Kansas  
 Kentucky  
 Maine  
 Maryland  
 Minnesota  
 Massachusetts  
 Michigan  
 Mississippi  
 Montana  
 Missouri  
 New Hampshire  
 New Jersey  
 New Mexico  
 New York  
 North Carolina  
 North Dakota  
 Ohio  
 Oklahoma  
 Oregon  
 Pennsylvania  
 Rhode Island  
 South Carolina  
 South Dakota  
 Tennessee  
 Utah  
 Virginia  
 Washington  
 West Virginia  
 Wisconsin

Form 990, Page 1, Part I, Line 20

**Other Changes in Net Assets or Fund Balances**

Description	Amount
PRIOR PERIOD ADJUSTMENT	48,459.
UNREALIZED GAIN ON INVESTMENTS	51,976.
Total	<u>100,435.</u>

Form 990, Part II, Line 25a

**Compensation****Compensation**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DR. THOMAS GALE MOORE	<input type="checkbox"/>	0.	0.	0.	0.

Form 990, Part II, Line 25a

Continued

**Compensation****Compensation**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
FRANCES B. SMITH		18,000.	14,364.	1,368.	2,268.
SAM KAZMAN		108,498.	86,581.	8,246.	13,671.
JODY M. CLARKE		95,498.	76,207.	7,258.	12,033.
C. WAYNE CREWS		145,600.	116,189.	11,066.	18,345.
JAMES CURLEY		0.	0.	0.	0.
Total		<u>367,596.</u>	<u>293,341.</u>	<u>27,938.</u>	<u>46,317.</u>

Form 990, Part II, Line 25a

**Employee Benefit Plans & Deferred Compensation Plans****Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DR. THOMAS GALE MOORE		0.			
FRANCES B. SMITH		0.			
SAM KAZMAN		0.			
JODY M. CLARKE		0.			
C. WAYNE CREWS		0.			
JAMES CURLEY		0.			
Total		<u>0.</u>			

Form 990, Part II, Line 25a

**Expense Account and Other Allowances****Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DR. THOMAS GALE MOORE		0.			
FRANCES B. SMITH		0.			
SAM KAZMAN		0.			
JODY M. CLARKE		0.			
C. WAYNE CREWS		0.			
JAMES CURLEY		0.			
Total		<u>0.</u>			

Form 990, Page 4, Part IV, Lines 57a & 57b  
**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
FURNITURE & EQUIPMENT	356,836.	352,323.	4,513.
COMPUTERS & SOFTWARE	63,109.	61,273.	1,836.
LEASEHOLD IMPROVEMENTS	67,636.	66,380.	1,256.
LEASED EQUIPMENT	34,435.	30,636.	3,799.
Total	<u>522,016.</u>	<u>510,612.</u>	<u>11,404.</u>

Form 990, Page 4, Part IV, Line 58  
**Other Assets Statement**

Line 58 - Other Assets:	Beginning of Year	End of Year
OTHER ASSETS	5,999.	5,999.
DEPOSITS	7,813.	45,839.
Total	<u>13,812.</u>	<u>51,838.</u>

Schedule A, Part IV-A, Line 22  
**Other Income**

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
GROSS RENTS	11,164.	6,615.			17,779.
MISC	4,618.	388.			5,006.
Total	<u>15,782.</u>	<u>7,003.</u>			<u>22,785.</u>