

Return of Organization Exempt From Income Tax

2007

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

Department of the Treasury Internal Revenue Service(77)

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: X Address change, Name change, Initial return, Termination, X Amended return, Application pending. C Name of organization: COMPETITIVE ENTERPRISE INSTITUTE. D Employer Identification Number: 52-1351785. E Telephone number: (202) 331-1010. F Accounting method: X Accrual.

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

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No.

G Web site: www.CEI.ORG

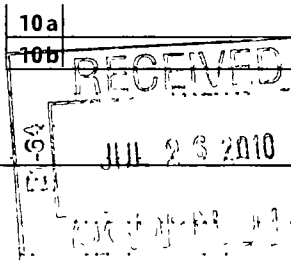
J Organization type (check only one): X 501(c) 3 (insert no) 4947(a)(1) or 527

K 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.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a-6c Rents; 7 Other investment income; 8a-8d Sales of assets; 9 Special events; 10a-10c Inventory sales; 11 Other revenue; 12 Total revenue; 13-16 Expenses; 17 Total expenses; 18-21 Net assets or fund balances.



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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.)

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

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.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<b>a</b> <u>ATTACHED SCHEDULE 1</u> ----- ----- ----- ----- (Grants and allocations \$ 0 . ) If this amount includes foreign grants, check here <input type="checkbox"/>	3,548,275.
<b>b</b> ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b> ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b> ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (Grants and allocations \$ ) 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)	3,548,275.

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	1,885,314.	45	1,891,146.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	754,324.		
	b Less: allowance for doubtful accounts		168,649.	47c 754,324.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts			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)			
	b Less: allowance for doubtful accounts			51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	35,775.	53	27,608.
	54a Investments – publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments – other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments – land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)			55c
	56 Investments – other (attach schedule)			56
	57a Land, buildings, and equipment: basis	522,016.		
b Less: accumulated depreciation (attach schedule) L-57 Stmt	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.	
LIABILITIES	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.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> 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</b> <input type="checkbox"/> 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.)

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

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

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

Yes No

- 75 a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 6
- b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)
- c** Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'  
If 'Yes,' attach a statement that includes the information described in the instructions
- d** Does the organization have a written conflict of interest policy?

<b>75 b</b>		X
<b>75 c</b>		X
<b>75 d</b>	X	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other**

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

**Part VI Other Information (See the instructions.)**

Yes No

- 76** Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change
- 77** Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes
- 78 a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  
**b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year?
- 79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement
- 80 a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?  
**b** If 'Yes,' enter the name of the organization ▶ \_\_\_\_\_ and check whether it is  exempt or  nonexempt
- 81 a** Enter direct and indirect political expenditures. (See line 81 instructions.)
- b** Did the organization file **Form 1120-POL** for this year?

<b>76</b>		X
<b>77</b>		X
<b>78 a</b>		X
<b>78 b</b>		
<b>79</b>		X
<b>80 a</b>		X
<b>81 a</b>		
<b>81 b</b>	X	

**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	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?		X
<b>82 b</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.)		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85 a</b>	<b>501(c)(4), (5), or (6).</b> Were substantially all dues nondeductible by members?	N/A	
<b>85 b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>85 c</b>	Dues, assessments, and similar amounts from members	N/A	
<b>85 d</b>	Section 162(e) lobbying and political expenditures	N/A	
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>85 h</b>	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?	N/A	
<b>86</b>	<b>501(c)(7) organizations</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
<b>86 a</b>		N/A	
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders		
<b>87 a</b>		N/A	
<b>87 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
<b>88 a</b>	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		X
<b>88 b</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		X
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
<b>89 b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> 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		X
<b>89 c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
<b>89 d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
<b>89 e</b>	<b>All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89 f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89 g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>90 a</b>	List the states with which a copy of this return is filed <u>See States Filed In</u>		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		40
<b>91 a</b>	The books are in care of <u>COMPETITIVE ENTERPRISE INSTITUTE</u> Telephone number <u>(202) 331-1010</u> Located at <u>1899 L ST, NW, 12TH FLOOR</u> <u>WASHINGTON</u> <u>DC</u> ZIP + 4 <u>20036</u>		
<b>91 b</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 <u>_____</u>		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , 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?  Yes  No  
 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 & contracts from government agencies
- 94 Membership dues and assessments
- 95 Interest on savings & temporary cash invmnts
- 96 Dividends & 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))
- 105 Total (add line 104, columns (B), (D), and (E))

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93					
a					
b					
c					
d					
e					
f					
g					
94					
95			14	18,368.	
96					
97					
a					
b					
98			14	9,381.	
99					
100					
101					
102					
103					
a					
b					
c					
d					
e					
104				27,749.	
105					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.)**

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

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.

**Please Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: Paul C. Rumbosaf, CPA Date: 7/9/10 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction X): P02234622

Firm's name (or yours if self-employed), address, and ZIP + 4: Hendershot, Burkhardt & Reed, CPAs  
7525 Presidential Lane  
Manassas VA 20109 EIN: \_\_\_\_\_ Phone no: (703) 361-1592

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

**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

**2007**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

COMPETITIVE ENTERPRISE INSTITUTE

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 HORNER 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	

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III** Statements About Activities (See instructions.)

	Yes	No
<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 <b>▶</b> \$ <u>14,473.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-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>X</b>	
<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>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	See Part V, Form 990	
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets?		<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>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?		<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>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<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>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966?		
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year <b>▶</b> _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year <b>▶</b> _____		
<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 <b>▶</b> _____		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 <b>▶</b> _____		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.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ -----
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 11 b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12  An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization. ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.**(See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

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

**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
<b>15</b> 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.
<b>16</b> Membership fees received					
<b>17</b> 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.
<b>18</b> Gross income from interest, dividends, ams 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.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> 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.
<b>23</b> Total of lines 15 through 22	3,650,677.	3,743,539.	3,236,824.	2,925,360.	13,556,400.
<b>24</b> Line 23 minus line 17	3,626,923.	3,743,438.	3,236,824.	2,925,360.	13,532,545.
<b>25</b> Enter 1% of line 23	36,507.	37,435.	32,368.	29,254.	

**26 Organizations described on lines 10 or 11:**

**a** Enter 2% of amount in column (e), line 24 ▶ **26a** 270,651.

**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 ▶ **26b** 2,390,294.

**c** Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 13,532,545.

**d** Add: Amounts from column (e) for lines: **18** 171,407. **19** **22** 40,210. **26b** 2,390,294. ▶ **26d** 2,601,911.

**e** Public support (line 26c minus line 26d total) ▶ **26e** 10,930,634.

**f** Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** 80.77 %

**27 Organizations described on line 12:**

**a** 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.' Do not file this list with your return. Enter the sum of such amounts for each year:  
 (2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

**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 larger 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.) Do not file this list with your return. 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) \_\_\_\_\_

**c** Add: Amounts from column (e) for lines: **15** \_\_\_\_\_ **16** \_\_\_\_\_ **17** \_\_\_\_\_ **20** \_\_\_\_\_ **21** \_\_\_\_\_ ▶ **27c** \_\_\_\_\_

**d** Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27d** \_\_\_\_\_

**e** Public support (line 27c total minus line 27d total) ▶ **27e** \_\_\_\_\_

**f** Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f** \_\_\_\_\_

**g** Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** \_\_\_\_\_ %

**h** Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** \_\_\_\_\_ %

**28 Unusual Grants:** 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. Do not file this list with your return. 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	Yes	No
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 ) ----- ----- -----			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----	32d		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement ) ----- ----- -----	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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	34b		
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	35		







**Form 990**  
Part II, Line 25a

**Compensation of Current Officers, Directors,  
Key Employees, Etc.**

**2007**

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	<input type="checkbox"/>				
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	<input type="checkbox"/>				
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	<input type="checkbox"/>				
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a		575,778.	459,470.	43,760.	72,548.

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**Additional Information**

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SCHEDULE ONE

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PAGE THREE, PART III

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EXEMPT PURPOSE ACHIEVEMENTS:

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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.

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

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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.

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

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

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**Additional Information**

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SCHEDULE TWO

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STATEMENT OF PURPOSE

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COMPETITIVE ENTERPRISE INSTITUTE IN 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.

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Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
INSURANCE	7,934.	5,770.	948.	1,216.
IT SERVICES	132,166.	51,902.	30,821.	49,443.
LICENSES AND DUES	5,895.	0.	587.	5,308.
MISCELLANEOUS	77,347.	6,768.	68,545.	2,034.
OPERATING EXPENSE	20,108.	14,623.	2,402.	3,083.
PROFESSIONAL SERVICES	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"/> FRANCES B. SMITH 1899 L ST,NW - 12TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.00	18,000.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> SAM KAZMAN 1899 L ST,NW - 12TH FLOOR WASHINGTON, DC 20036	DIRECTOR OF REG 40.00	108,498.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> JODY M. CLARKE 1899 L ST,NW - 12TH FLOOR WASHINGTON, DC 20036	DIRECTOR OF DEVELOPME 40.00	95,498.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> C. WAYNE CREWS 1899 L ST,NW - 12TH FLOOR WASHINGTON, DC 20036	DIRECTOR OF TECH 40.00	145,600.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> JAMES CURLEY 1899 L ST,NW - 12TH FLOOR WASHINGTON DC 20036	BOARD MEMBER 1.00	0.	0.	0.

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.
<b>Total</b>	<b>100,435.</b>

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**

<b>Compensation</b>					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
FRANCES B. SMITH	<input type="checkbox"/>	18,000.	14,364.	1,368.	2,268.
SAM KAZMAN	<input type="checkbox"/>	108,498.	86,581.	8,246.	13,671.
JODY M. CLARKE	<input type="checkbox"/>	95,498.	76,207.	7,258.	12,033.
C. WAYNE CREWS	<input type="checkbox"/>	145,600.	116,189.	11,066.	18,345.
JAMES CURLEY	<input type="checkbox"/>	0.	0.	0.	0.
<b>Total</b>		<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**

<b>Contributions to Employee Benefit Plans &amp; Deferred Compensation Plans</b>					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DR. THOMAS GALE MOORE	<input type="checkbox"/>	0.			
FRANCES B. SMITH	<input type="checkbox"/>	0.			
SAM KAZMAN	<input type="checkbox"/>	0.			
JODY M. CLARKE	<input type="checkbox"/>	0.			
C. WAYNE CREWS	<input type="checkbox"/>	0.			
JAMES CURLEY	<input type="checkbox"/>	0.			
<b>Total</b>		<u>0.</u>			

Form 990, Part II, Line 25a

**Expense Account and Other Allowances**

<b>Expense Account and Other Allowances</b>					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DR. THOMAS GALE MOORE	<input type="checkbox"/>	0.			
FRANCES B. SMITH	<input type="checkbox"/>	0.			
SAM KAZMAN	<input type="checkbox"/>	0.			
JODY M. CLARKE	<input type="checkbox"/>	0.			
C. WAYNE CREWS	<input type="checkbox"/>	0.			
JAMES CURLEY	<input type="checkbox"/>	0.			
<b>Total</b>		<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>