Extended to July 15, 2025 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)			
<b>GON</b> Return of Organization Exempt From Income Tax			
Form <b>33U</b> [Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)] <b>71173</b>	47		
Department of the Treasury Contour enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Contour public devices and the latest information	>		
B Check (C Name of organization			
Ishange Mercatus Center, Inc.			
Charge Doing business as 54-1430224			
Final 3/3/ Washington Blud Ath Bloop 703-993-4930			
termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 39, 392, 965	5.		
Amended Arlington, VA 22201-4508			
Lition 1+ Name and address of principal officer: GGL y DGL T for subordinates? The Las K			
	No		
K Form of organization: X Corporation Trust Association Other L Year of formation: 1987 M State of legal domicile: V	VA		
Part I Summary			
Briefly describe the organization's mission or most significant activities: To bridge the gap between			
academic research and public policy problems.			
2 Check this box in the organization discontinued its operations or disposed or more than 25% of its net assets.	12		
4 A Number of independent voting members of the governing body (Part VI, line 1a)	<u></u>		
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	33		
6     Total number of volunteers (estimate if necessary)	9		
7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.		
	<u>.</u>		
45 540 249 37 253 740	<del>9,</del>		
g 9 Program service revenue (Part VIII, line 2g) 312,700. 210,355			
10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         1,230,208.         1,534,200			
	0.		
Return of Organization Exempt From Income Tax Under social security number on the form as they be made public. Do not effer social security numbers on the form as they be made public. Do not effer social security numbers on the form as they be made public.       Define Security Do not effer social security numbers on the form as they be made public.         A. For the 2003 calendary view, or tax year beginning       SEP 1, 2023 and ending AUG 31, 2024       Control to tay work and other they beginning of the social security numbers on the form as the may be made public.       Demosphere the social security numbers on the form as the social security numbers on the form as these form as the social security number on the form as the social security numbers.         Image of the 2003 calendary view, or tax year beginning       SEP 1, 2023 and ending AUG 31, 2024         Image of the 2003 calendary view, or tax year beginning       Security is the composition of the social security numbers on the form as the social security number of the social secur			
2         16a Professional fundraising fees (Part IX, column (A), line 11e)         80,000.         116,000	0.		
	7		
13 Other expenses (Partix, colorin (A), mes travito, meseta			
20 Total assets (Part X, line 16)			
Return of Organization Exempt From Income Tax Under stocks St(), St2r, or 437(R)(1 of the internal Reware Oxel (second private invariation Do not erris social security numbers on the form as it may be made public. Do not erris social security numbers on the form as it may be made public.       Output Star Star Star Star Star Star Star Sta			
	<u> </u>		
	ĬS		
Sign			
Print/Type preparer's name Preparer's signature, Date Oneck PTIN			
Paid Amanda E. Waterhouse Unumber Waterhouse P02014004			
Preparer Firm's name Rogers & Company PLLC Firm's EIN 58-2676261			
	0		
	U No		

	m 990 (2023) Mercatus Center, Inc.	54-1436224	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	_	
	The Center educates students and is an organization that		
	interdisciplinary research and application in the humane	sciences th	nat
	integrates theory and practice to develop insights and t	ools that ca	an
	sustainably advance a free, prosperous, and civil societ	<u>у</u> .	
2	Did the organization undertake any significant program services during the year which were not listed on the		37
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		<b>V</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as I		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	Ind
4-	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 17,150,390 · including grants of \$ 7,311,279 · ) (Revenue)	. 101 (	219.)
4a	(code:)(Expenses \$17,150,390. including grants of \$7,311,279.) (Revenue University Research & Teaching - Supports academic resea	rch and faci	
	activities at George Mason University and elsewhere to a		<u>urcy</u>
	apply a research agenda for understanding institutions a		r
	broadly advance a free and prosperous society.	ina change of	<b>-</b>
	producty duvance a rice and prospereds secrety.		
4b		s <u>3,9</u>	968.)
	Applied Research- Conduct economic research of consequen	ce that make	es
	sense of public policy problems and puts forward solution	ns that	
	maximize individual freedom and prosperity.		
4c	(Code: ) (Expenses \$ 7,148,498. including grants of \$ 1,790,327.) (Revenue	s 105,0	000.)
	Student Programs - Support Graduate Students at George M		′
	University, training future scholars and decision-makers	to advance	and
	apply a research agenda for understanding institutions a	nd change.	
<u> </u>			
4d	Other program services (Describe on Schedule O.) (Expenses \$ 6,728,819. including grants of \$ 98,600.) (Revenue \$	168.)	
40	(Expenses \$         6,728,819 • including grants of \$         98,600 • ) (Revenue \$           Total program service expenses         41,244,965 •	±00•)	
		 Form <b>9</b> 9	<b>90</b> (2023)

Form	990	(2023)

 Form 990 (2023)
 Mercatus Center, Inc.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	4.45	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	23	<u> </u>
IZd	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	23	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

 Form 990 (2023)
 Mercatus
 Center,
 Inc.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<b>v</b>
<b>0</b> -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				•
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 711			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

	990 (2023) Mercatus Center, Inc. 54-1436	224	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 233			
h	,		Х	
-	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	<u>л</u>	x
3a h	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	30		
чa	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	та		
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	an		
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			17
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 9	990 (	2023)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-		10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		x
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>	12.0		
U	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, HI, IL, KS, KY, ME	, MD	, MA	,MI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Gary Leff - 703-993-4930			

3434 Washington Blvd, 4th Floor, Arlington, VA 22201 - 4508See Schedule O for full list of states

6

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	ed
	mployees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per		not c , unle					compensation	compensation	amount of
	week	offi	cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	n,			ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			oen sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		loye	co ml		1099-NEC)		and related
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Daniel Rothschild	line)	Ĕ	Î	0f	Ke	en	Бо			
Executive Director	10.00			х				503,750.	0.	32,780.
(2) Daniel Butler	40.00									0277000
Senior Director of Development						x		335,129.	0.	27,347.
(3) Veronique De Rugy	40.00									
Senior Research Fellow		1				х		315,671.	Ο.	20,403.
(4) Eileen Norcross	40.00									
VP of Policy Research						Х		275,929.	0.	26,551.
(5) Jennifer Zambone	40.00								_	
Secretary & VP of Operations				Х				263,150.	0.	10,979.
(6) Brian Knight	40.00									
Director of Innovation and Governanc						Х		233,255.	0.	15,783.
(7) Virgil Henry Storr	40.00							045 054	•	101
Director/ VP Academic & Student Prog		X						247,251.	0.	121.
(8) Alden Abbott	40.00					37			0	700
Senior Research Fellow	20.00					Х		235,860.	0.	792.
(9) Gary Leff	20.00			x				195,000.	0.	20 090
Treasurer & CFO	40.00	<u> </u>		Δ				195,000.	0.	20,989.
(10) Benjamin Klutsey Executive Director	40.00			х				192,466.	0.	22,009.
(11) Tyler Cowen	1.00			Λ				192,400.	0.	22,009.
Chairman	1.00	x		х				133,378.	0.	0.
(12) Donald Boudreaux	1.00			21				155,570.	0.	0.
Director		x						96,300.	0.	0.
(13) Richard Fink	1.00									
Director		x						0.	0.	0.
(14) Vernon Smith	1.00									
Director		x						0.	0.	0.
(15) Brian Hooks	1.00									
Director		х						0.	0.	0.
(16) Emily Chamlee-Wright	1.00									
Director		х						0.	0.	0.
(17) Edwin Meese	1.00								_	_
Director		Х						0.	0.	0. Form <b>990</b> (2023)

Form **990** (2023)

Form 990 (2023) Mercatus	Center	, 1	Inc	с.					54-14	<u>436</u>	224	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box offic	not c , unle	Pos heck	more erson	than of is both pr/trus	h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	am	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	pensa om th anizat d relat nizati	e tion ted
(18) Manuel Johnson Director	1.00	x						0.		ο.			0.
(19) Salen Churi	1.00												
Director	1 00	X						0.		0.			0.
(20) Samuel Bowman	1.00							0					0
Director	1.00	X						0.		0.			0.
(21) Katherine Boyle Director	1.00	x						0.		ο.			0.
										-+			
		<b> </b>											
1b Subtotal								3,027,139.		0.	17	7,7	54.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								3,027,139.		0.	177	7,7	54.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bov	e) wł	no r	received more than \$100	,000 of reportabl	e			66
compensation from the organization											<u> </u>	Yes	No
3 Did the organization list any former officer,										Γ			
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15			•					•	the organization		4	х	
5 Did any person listed on line 1a receive or									idual for services		4		
rendered to the organization? If "Yes," con	-				-						5		х
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for	-	-								pensa	ation fr	rom	
(A)	and balondar y	<u>our</u>	ona	iig i		0. 11		(B)			(C	;)	
Name and business	address							Description of s		C	omper	isatio	n
Salesforce.com, 415 Miss		eet	Ξ,	31	rđ			Cloud-based					
Floor, San Francisco, CA Hotel AKA Brickell	94105						_	software ser	vices		189	9,0	64.
1395 Brickell Ave, Miami	FT, 331	131	1					Event venue	services		154	43	97.
Direct Mail Marketing Gr				Ind	lia	an		Direct mail			10-	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
Creek Dr. STE 100, Dulle						-		services			152	2,4	21.
Bluespark LLC, 7610 Fall	s of Neu												
Rd.Suite 100, Raleigh, N	C 27615							Consulting s			14(	0,9	11.
Christopher J Coyne	Roisf.	-	<b>T</b> 7 7		<u>.</u>	0.2.0		Academic lec			104	<b>c</b> ^	0.0
10343 Commonwealth Blvd,	rairia	κ,	V	A 2	44	032	2	program supp	OLC		<u> </u>	0,0	00.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 12

		Check if Schedule O	CONT	ans a respo	ise	or note to any line	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclude from tax under sections 512 - 5
2	1 a	Federated campaigns		1a						
	b	Membership dues		1b						
	С	Fundraising events		1c						
	d	Related organizations		1d						
		Government grants (contr								
5	f	All other contributions, gifts,								
		similar amounts not included	l abov			37,253,749.				
	-	Noncash contributions included in				82,926.				
5	h	Total. Add lines 1a-1f					37,253,749.			
						Business Code				
	2 a	Educational program	នេ			611710	210,355.	210,355.		
	b									
	С									
	d									
	e	<u>.</u>								
		All other program service					210,355.			
+		Total. Add lines 2a-2f					210,355.			
	3	Investment income (inclue other similar amounts)					1,526,159.			1,526,1
	4	Income from investment of				racaada	1,520,155.			1,520,1
	4 5	Royalties		-	-					
	5			(i) Real		(ii) Personal				
	6 a	Gross rents	6a	269,6	95.	(				
		Less: rental expenses	6b		0.					
		Rental income or (loss)	6c	269,6						
		Net rental income or (loss					269,695.			269,6
		Gross amount from sales of		(i) Securiti		(ii) Other	,			,
		assets other than inventory	7a	57,1	19.	5,508.				
	b	Less: cost or other basis								
		and sales expenses	7b	49,2	23.	5,363.				
	с	Gain or (loss)	7c	7,8	96.	145.				
		Net gain or (loss)					8,041.			8,0
	8 a	Gross income from fundraisi	ng ev	ents (not						
		including \$		of						
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from		-	ts					
	9 a	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from	-	-						
1	10 a	Gross sales of inventory,								
		and allowances			10a					
		Less: cost of goods sold			10b	· · · · · · · · · · · · · · · · · · ·				
+	С	Net income or (loss) from	sales	s of inventor	у					
Ι.		Credit card rewards				Business Code 900099	70,380.			70,3
						300033	70,300.			70,5
	b				_	<u> </u>				
	с С	All other revenue			_	<u> </u>				
		Total. Add lines 11a-11d					70,380.			
	9	Total revenue. See instruction					39,338,379.			

Mercatus Center, Inc.

332009 12-21-23

Form 990 (2023)

54 - 1436224

Page **9** 

Form 990 (2023)

Mercatus Center, Inc. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21 $\dots$	3,487,345.	3,487,345.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	2,369,146.	2,369,146.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	4,087,829.	4,087,829.					
4	Benefits paid to or for members							
5	Compensation of current officers, directors,		1 1 4 1 0 5 0		50 000			
	trustees, and key employees	1,751,055.	1,141,058.	551,195.	58,802.			
6	Compensation not included above to disqualified							
	persons (as defined under section $4958(f)(1)$ ) and	C4 222	C4 222					
	persons described in section 4958(c)(3)(B)	64,323.	64,323.	226.260	054 022			
7	Other salaries and wages	10,030,391.	15,345,190.	336,368.	954,833.			
8	Pension plan accruals and contributions (include							
~	section 401(k) and 403(b) employer contributions)	1 1 2 5 5 / 7	1,076,208.	39,285.	70,054.			
9	Other employee benefits	1,250,710.		55,490.	65,745.			
10	Payroll taxes	I,2J0,/IU.	1,147,473.	55,450.	05,145.			
11	Fees for services (nonemployees):							
	Management	60,274.	45,683.	1,716.	12,875.			
		21,634.	45,005.	21,634.	12,075.			
	Accounting	21,054.		21,0340				
	Lobbying Professional fundraising services. See Part IV, line 17	116,000.			116,000.			
	Investment management fees	11,633.		11,633.	110,0001			
	Other. (If line 11g amount exceeds 10% of line 25,							
9	column (A), amount, list line 11g expenses on Sch O.)	4,208,653.	3,785,145.	90,921.	332,587.			
12	Advertising and promotion	211,822.	211,822.	/ -	,			
13	Office expenses	1,424,836.	1,042,890.	35,140.	346,806.			
14	Information technology	1,583,826.	1,396,156.	125,577.	62,093.			
15	Royalties							
16	Occupancy	1,427,022.	1,314,036.	45,197.	67,789.			
17	Travel	3,191,400.	3,152,294.	31,900.	7,206.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	1,326,286.	1,311,417.	13,743.	1,126.			
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	264,948.	243,971.	8,391.	12,586.			
23	Insurance	56,763.		56,763.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)							
а	Memberships	34,430.	26,866.	7,530.	34.			
b	List rental	24,962.	2,431.	,	22,531.			
c	Property taxes	12,685.	11,680.	402.	603.			
d								
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	44,809,520.	41,244,965.	1,432,885.	2,131,670.			
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							
33201	0 12-21-23				Form <b>990</b> (2023)			

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orm 990	(2023)	
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F

Mercatus Center, Inc. Part X Balance Sheet

		•		,	<b>(A)</b> Beginning of year		(B) End of year
					11,621,093.		5,852,896.
	1	Cash - non-interest-bearing	27,763,585.	1	27,676,956.		
	2				406,250.	2	27,070,950.
	3	<b>5 5 7 </b>			235,458.	3	264,905.
	4	Accounts receivable, net			235,450.	4	204,905.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		F		6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
٩	9	Prepaid expenses and deferred charges			885,417.	9	689,596.
	10a	Land, buildings, and equipment: cost or other		1 655 005			
		basis. Complete Part VI of Schedule D	10a	1,655,005.	504 055		
	b	Less: accumulated depreciation	10b	1,327,609.	501,355.	10c	327,396.
	11	Investments - publicly traded securities			1,705,646.	11	1,953,521.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line :	33)	43,118,804.	16	36,765,270.
	17	Accounts payable and accrued expenses	2,188,407.	17	1,860,027.		
	18	Grants payable	3,046,903.	18	2,233,155.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
iab		controlled entity or family member of any of thes	se pers	sons		22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	to related third				
		parties, and other liabilities not included on lines	17-24	). Complete Part X			
		of Schedule D			288,508.	25	317,776.
	26	Total liabilities. Add lines 17 through 25			5,523,818.	26	4,410,958.
s		Organizations that follow FASB ASC 958, che	ck hei	re X			
Ce		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			21,777,415.	27	18,745,722.
ä	28	Net assets with donor restrictions			15,817,571.	28	13,608,590.
ŭ		Organizations that do not follow FASB ASC 9	58, ch	eck here			
ц Ц		and complete lines 29 through 33.					
ŝ	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq	luipme	nt fund		30	
tA₅	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			37,594,986.	32	32,354,312.
	33	Total liabilities and net assets/fund balances			43,118,804.	33	36,765,270.
							Form <b>990</b> (2023)

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

Form **990** (2023)

Form	1990 (2023) Mercatus Center, Inc.	54-	-1436	224	Pa	ige <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,33		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,80		
3	Revenue less expenses. Subtract line 2 from line 1	3		,47		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37			86.
5	Net unrealized gains (losses) on investments	5		13	0,4	.67.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		10	0,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	32	,35	<u>4,3</u>	12.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	О.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

(Form 990)

<u>Total</u>

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

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

OMB No. 1545-0047
2023
Open to Public

Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection			
Name of the organization							Employer	identification number			
Nume of	the organizati		atus Cente	r Inc					4-1436224		
Part I	Peason			(All organizations must c	omploto t	hia nant \ C	· a a inatruatio		4 1430224		
								ns.			
r –		•		(For lines 1 through 12, o							
	-			on of churches describe		on 170(b)(	1)(A)(i).				
2				Attach Schedule E (Forn							
3				anization described in <b>s</b> e							
4		-	ation operated in co	njunction with a hospita	describe	d in <b>sectio</b>	on 170(b)(1)(A	<b>A)(iii).</b> Enter	the hospital's name,		
	city, and stat										
5 📖	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
			Complete Part II.)								
6	A federal, sta	ite, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)	(v).				
7 X	An organizati	on that norma	Illy receives a substa	antial part of its support f	rom a gov	vernmenta	l unit or from	the general	public described in		
	section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)								
8 🛄	A community	r trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultur	al research org	ganization described	l in section 170(b)(1)(A)(	ix) operate	ed in conjı	unction with a	a land-grant	college		
	or university	or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	of the colleg	je or		
	university:										
10	An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from		
	activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment		
	income and ι	unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	organization	after June 30, 1975.		
	See section	509(a)(2). (Co	mplete Part III.)								
11 🛄	An organizati	on organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).				
12	An organizati	on organized	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or		
	more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box on		
	lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, ar	nd 12g.			
a	📙 Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving		
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting		
	organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.							
b	📙 Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving		
	control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported		
	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.							
c	Type III fui	nctionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrat	ed with,		
	its support	ed organizatio	n(s) (see instructions	s). <b>You must complete l</b>	Part IV, Se	ections A,	D, and E.				
d 🗌	Type III no	n-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	with its suppo	orted organ	ization(s)		
	that is not	functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement ar	nd an attent	iveness		
	requiremer	nt (see instruct	ions). <b>You must cor</b>	mplete Part IV, Sections	A and D	, and Part	<b>v</b> .				
е 🗌	Check this	box if the orga	anization received a	written determination fro	om the IRS	S that it is a	а Туре I, Туре	e II, Type III			
	functionally	/ integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.					
f Ent	er the number	of supported of	organizations								
g Pro	vide the follow	ing information	n about the supporte	ed organization(s).							
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other		
	organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		

	Suppor	
Schedule	A (Form 990	2023

Mercatus Center, Inc.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	71,316,366.	49,704,276.	49,537,054.	45,540,249.	37,253,749.	253,351,694.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	71,316,366.	49,704,276.	49,537,054.	45,540,249.	37,253,749.	253,351,694.	
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						61,781,735.	
6	Public support. Subtract line 5 from line 4.						191,569,959.	
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	71,316,366.	49,704,276.	49,537,054.	45,540,249.	37,253,749.	253,351,694.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	380,155.	355,505.	380,772.	1,573,276.	1,795,854.	4,485,562.	
9	Net income from unrelated business		,		, ,	, ,	, ,	
•	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						257,837,256.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,002,662.	
	First 5 years. If the Form 990 is for th			fourth or fifth tax	vear as a section 5		,,	
	organization, check this box and <b>stor</b>							
Sec	tion C. Computation of Publ							
	Public support percentage for 2023 (		-	column (f))		14	74.30 %	
	Public support percentage from 2022					15	76.07 %	
	33 1/3% support test - 2023. If the o					nore, check this bo	ox and	
	stop here. The organization qualifies							
b	33 1/3% support test - 2022. If the o							
	and <b>stop here.</b> The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact							
	meets the facts-and-circumstances te			-				
b	10% -facts-and-circumstances tes	-	-		-			
~	more, and if the organization meets th	-						
	organization meets the facts-and-circ				-			
18								
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2023

Mercatus	Center	Inc.
Mercacus	Center,	THC.

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

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

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e	<b>e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
Ŭ	are not an unrelated trade or bus-							
	iness under section 513							
4								
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
_	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge $\dots$							
	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	(b) 2020	(c) 2021	(d) 2022	(e	<b>e)</b> 2023	<b>(f)</b> Total
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included on line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital							
40	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)		l	formation on Citile Across			(O)	
14	First 5 years. If the Form 990 is for th	-			-			on,
80	check this box and stop here							
	ction C. Computation of Publ							
	Public support percentage for 2023 (					15		%
16	Public support percentage from 2022					16		%
	ction D. Computation of Inve		¥					
17						17		%
18	Investment income percentage from					18		%
19a	a 33 1/3% support tests - 2023. If the	-					%, and line 1	7 is not
	more than 33 1/3%, check this box a							
k	<b>33 1/3% support tests - 2022.</b> If the							
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structio	ons	L

Mercatus Center, Inc.

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

	(Form 990) 2023	Mercatus		Inc.
Part IV	Supporting Organ	nizations (continue	ed)	

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization and the organization
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
	supported organizations and what conditions of restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

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

Section C. Type II Supporting Organizations
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			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. Al	Type III	Supporting	Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Dart V	Type II	Non-Eu

art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Mercatus Center, Inc.

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

Mercatus	Center,	Inc.
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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	າຣ	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	Mercatus			54-1436224 Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	5a, 6, 9a, 9b, 9c IV, Section E, lin	s required by Part II, line 10; Part II, line 17 , 11a, 11b, and 11c; Part IV, Section B, lin es 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa and 6. Also complete this part for any add	es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,

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## Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Scheaule	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

	Mercatus Center, Inc.	54-1436224
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ \$ \_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

Mercatus Center, Inc.

Employer identification number

54-1436224

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>16,432,337.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$6,253,246.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,994,193.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,160,022</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

22

Name of organization

### Mercatus Center, Inc.

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

			i
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		   \$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
453 12-26-23	23		Schedule B (Form 990) (

Page 3

Employer identification number

54-1436224

ganization		Employer identification num	nber
us Center Inc		54-1436224	
Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha	nrough <b>(e) and</b> the following line en ritable, etc., contributions of <b>\$1,000 or</b>	section 501(c)(7), (8), or (10) that total more than \$1,000 for th	
· · · ·		(d) Description of how sift is hold	
(b) Purpose of gift	(c) Use of gift	(a) Description of now gift is neid	
Iransteree's name, address, and	1 ZIP + 4	Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gi		
Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gi		
Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Transferee's name, address, and		ift Relationship of transferor to transferee	
	cus Center, Inc.         Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, charitable, etc., contribution (b) Purpose of gift         (b) Purpose of gift	uss Center, Inc.         Exclusively religious, charitable, etc., contributions to organizations described in from any one contributor. Complete columns (a) through (e) and the following line er completing Part III, effet the total of exclusively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed.         (b) Purpose of gift       (c) Use of gift         (c) Transferee's name, address, and ZIP + 4	US CENTER, Inc.       54-1436224         Exclusion/reliable, etc., contributions to organizations described in section 601(c)71, (6) r (10) that total more than \$1,000 for the form any one control total concertations.

		0			OMB No. 154	5-0047
	HEDULE D		al Financial Statements	F	<b>200</b>	<u>)</u>
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		<b>ZUZ</b>	J
	ment of the Treasury	A	ttach to Form 990.		Open to F Inspectio	
-	I Revenue Service e of the organizati		0 for instructions and the latest information		dentification	
Nam		Mercatus Center, I	nc.		4-143622	
Pa	t I Organiza		ed Funds or Other Similar Funds or	Accounts.c	omplete if the	
	organizatio	on answered "Yes" on Form 990, Part IV, lin	ie 6.			
			(a) Donor advised funds	(b) Funds and	other account	ts
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year		i un al a		
5	-		writing that the assets held in donor advised f exclusive legal control?	r	Yes	No No
6			dvisors in writing that grant funds can be use			
U			or donor advisor, or for any other purpose con			
	impermissible priv			Ű,	Yes	
Pa			ganization answered "Yes" on Form 990, Part			
1	Purpose(s) of con	servation easements held by the organizati	ion (check all that apply).			
	Preservation	n of land for public use (for example, recrea	ation or education)	storically import	ant land area	
	Protection of	of natural habitat	Preservation of a ce	ertified historic s	tructure	
		n of open space				
2	•		fied conservation contribution in the form of a			
	day of the tax yea				t the End of the	Tax rear
a						
b	•		ucture included on line 2a			
c d		rvation easements included on line 2c acqu		. 20		
u		•		2d		
3			leased, extinguished, or terminated by the or		the tax	
-	year	,,		,		
4	-	where property subject to conservation eas	sement is located			
5	Does the organiza	ation have a written policy regarding the per	riodic monitoring, inspection, handling of	_		
	violations, and ent	forcement of the conservation easements i	t holds?	[	Yes	🗌 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements	s during the ye	ear
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements duri	ng the year	
•	Dees each eares					
8		-	e satisfy the requirements of section 170(h)(4)		Yes	No
9			ion easements in its revenue and expense sta			
•		0	note to the organization's financial statements		the	
		counting for conservation easements.	5			
Pa	t III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar As	sets.	
	Complete i	f the organization answered "Yes" on Form	1990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet w	orks	
			blic exhibition, education, or research in furthe	erance of public		
-	•		ncial statements that describes these items.			
b	-		58, to report in its revenue statement and bala			
			c exhibition, education, or research in furthera	nce of public se	i vice,	
	•	ing amounts relating to these items.		¢		
				<u>^</u>		
2	.,		asures, or other similar assets for financial gai			
-	-	unts required to be reported under FASB A		,		
а	-			\$		
b						

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
332051	09-28-23

	dule D (Form 990) 2023 Mercatu	s Center, Collections of A		torical Tr	easures, (	or Othe				Page 2
3	Using the organization's acquisition, access		-							,
	collection items (check all that apply).	,	,	,	Ũ		0			
а	Public exhibition	c		Loan or excl	hange progra	am				
b	Scholarly research	e			0.0					
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how th	ney further th	he organizati	ion's exer	npt purpos	se in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?			🗆	Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the	organizatior	answered "	Yes" on I	<sup>-</sup> orm 990, I	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod								-	
	on Form 990, Part X?							∟	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance								1	
	Did the organization include an amount on F						ity?	∟	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.						<u></u>			
Fai	t V   Endowment Funds Complete if	(a) Current year		rior year	(c) Two yea			are hack	(a) Four	years back
4.	De sinsis e fue estados e	(a) Current year	(0) -	nor year	( <b>C)</b> 1 WO you	IS DUCK				
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
4	and programs									
	Administrative expenses									
g 2	End of year balance Provide the estimated percentage of the cur		l co (lino 1	a column (c	)) hold as:					
	Board designated or quasi-endowment	rent year end baland	ا عادا) عد %	y, column (a	<i>i))</i> Heiu as.					
a b	Permanent endowment	%								
c		%								
C	The percentages on lines 2a, 2b, and 2c sho	· -								
3a	Are there endowment funds not in the posse	-	ration tha	at are held a	nd administe	ered for th	he			
ou	organization by:			at all field a					Г	Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Ac	cumulated		(d) Bool	< value
		basis (investi	ment)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements				3,055.		530,26			2,791.
	Equipment			1,01	1,950.	6	597,34	5.	314	4,605.
	Other									
Total	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 1	0c, column	(B))				32	7,396.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023	Mercatus	IIIC •
Part VII Investments - O		1110.

_		11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<u>(1)</u>		
<u>(2)</u>		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes"		
(a)	Description	(b) Book value
(1)		
(1) (2)		
(2)		
(2) (3)		
(2) (3) (4)		
(2) (3) (4) (5)		
(2) (3) (4) (5) (6) (7)		
(2) (3) (4) (5) (6) (7) (8)		
(2) (3) (4) (5) (6) (7)	ol. (B))	
(2) (3) (4) (5) (6) (7) (8) (9)	ol. (B))	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co		11e or 11f. See Form 990, Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	' on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Charitable gift annuities	' on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Charitable gift annuities (3) Due to affiliate	' on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Charitable gift annuities (3) Due to affiliate (4)	' on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, ca Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Charitable gift annuities (3) Due to affiliate (4) (5)	' on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Charitable gift annuities (3) Due to affiliate (4) (5) (6)	' on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Charitable gift annuities (3) Due to affiliate (4) (5) (6) (7)	' on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Charitable gift annuities (3) Due to affiliate (4) (5) (6) (7) (8)	' on Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Charitable gift annuities (3) Due to affiliate (4) (5) (6) (7)	' on Form 990, Part IV, line	(b) Book value

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

Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 Mercatus Center, Inc.			54-	1436224 Page	je <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments Wi				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	40,802,32	7.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	130,467.			
b	Donated services and use of facilities	2b	1,345,114.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	1,475,58	1.
3	Subtract line 2e from line 1			3	39,326,74	6.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,633.			
b	Other (Describe in Part XIII.)	4b				_
С	Add lines 4a and 4b			4c	11,63	3.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	39,338,37	9.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		ith Expenses per	Retu	Irn	
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				1
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	2a.		Retu 1	<b>irn</b> 46,043,001	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a.				1.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. <b>2a</b>				1.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. <b>2</b> a <b>2</b> b				1.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2c	1,345,114.			1.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c		1	46,043,003	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a. 2a 2b 2c 2d	1,345,114.		46,043,003	4.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a. 2a 2b 2c 2d	1,345,114.	1	46,043,003	4.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d	1,345,114.	1	46,043,003	4.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 4a	1,345,114.	1	46,043,003	4.
1 2 b c d e 3 4 b	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d 4a	1,345,114.	1	46,043,003 1,245,114 44,797,88	<u>4.</u> 7.
1 2 b c d e 3 4 b	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2a. 2a 2b 2c 2d 2d  2d  4a 4b	1,345,114. -100,000. 11,633.	1 2e 3 4c	46,043,003 1,245,114 44,797,88 11,633	<u>4.</u> 7.
1 2 3 4 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d 2d  2d  4a 4b	1,345,114. -100,000. 11,633.	1 2e 3	46,043,003 1,245,114 44,797,88	<u>4.</u> 7.

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

## Part X, Line 2:

Management	has	evaluated	the	Center	s	tax	positions	and	concluded	that	the
------------	-----	-----------	-----	--------	---	-----	-----------	-----	-----------	------	-----

## Center did not have any significant uncertain tax positions at August 31,

2024 and 2023.

Part XII, Line 2d - Other Adjustments:

## Reversal of Prior Year Grant Expenses

Mercatus Center	, Inc.				54-143622	4
		ctivities Ou	tside the United States. Compl	lete if the orgar	nization answered "ነ	(es" on
Form 990, Part IV	/, line 14b.					
			ds to substantiate the amount of its gr			
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award th	e grants or ass	istance? X	Yes 🛄 No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and c	ther assistance out	side the
United States.						
			an be duplicated if additional space is			
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region	1	vity listed in (d)	(f) Total expenditures
	offices in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to	1 .	gram service, e specific type	for and
	In the region	independent contractors	recipients located in the region)		e specific type e(s) in the region	investments
		in the region				in the region
Central America and						
the Caribbean	0	1	Program Services	Research se	ervices	27,236
East Asia and the					and engagement	
Pacific	0	2	Program Services	services		1,250
					peer review,	
					rial services,	
Europe (Including				conference	,	
Iceland & Greenland)	0	15	Program Services	engagement	and event	224,826
	_					
North America	0	2	Program Services	Authoring	services	1,750
					engagement	
South America	0	3	Program Services	services		500
					research and	
				data colle		
				website de	velopment	
South Asia	0	12	Program Services	services		43,350
Sub-Saharan Africa	0	1	Program Services	Data colle	ction services	38,952
Gentural America i						
Central America and			Grants to recipients			
the Caribbean	0	0	located in the region			73,250
3 a Subtotal	0	36				411,114
<b>b</b> Total from continuation		,				4 014 550
sheets to Part I	0	(				4,014,579
c Totals (add lines 3a						4 405 600
and 3b)	0	36				4,425,693

For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part V for Column (e) descriptions Schedule F (Form 990) 2023

OMB No. 1545-0047 ſ Ĺ **Open to Public** Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service	
	_

Name of the organization

## **Statement of Activities Outside the United States** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Employer identification number	Employer	identification	number
--------------------------------	----------	----------------	--------

Schedule F (Form 990) Part I Continuatio	54-1436224 Page					
(a) Region	(b) Number of offices in the region		<ul> <li><b>n.</b> (Schedule F (Form 990), Part I, line 3)</li> <li>(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)</li> </ul>	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
East Asia and the			Grants to recipients			
Pacific	0	0	located in the region		31,536	
Europe (Including			Grants to recipients			
Iceland & Greenland)	0		located in the region		1,588,961	
Middle East and North Africa	0		Grants to recipients located in the region		36,200	
			Grants to recipients			
North America	0	0	located in the region		415,619	
Russia and						
Neighboring States - Ukraine	0		Grants to recipients located in the region		165,884	
					, ,	
			Grants to recipients			
South America	0	0	located in the region		113,982	
			Grants to recipients			
South Asia	0		located in the region		1,364,981	
Sub-Saharan Africa	0		Grants to recipients located in the region		297,416	
Totals	•				4,014,579	

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		Central America						
		and the Caribbean	Research Grant	10,000.	Wire/EFT/Check	0.		
		Central America						
		and the Caribbean	Research Grant	8,000.	Wire/EFT/Check	Ο.		
			Student					
			Development/education					
		and the Caribbean	grant	22,250.	Wire/EFT/Check	0.		
		Europe (Including	Student					
			Development/education					
		Greenland)	grant	8,500.	Wire/EFT/Check	0.		
		Europe (Including						
		Iceland &						
		Greenland)	Research Grant	25,000.	Wire/EFT/Check	0.		_
		Europe (Including						
		Iceland &						
			Research Grant	50,000.	Wire/EFT/Check	0.		
		Europe (Including						
		Iceland &						
		Greenland)	Research Grant	40,000.	Wire/EFT/Check	0.		
		Europe (Including						
		Iceland &						
			Research Grant	25 000	Wire/EFT/Check	0.		
2 Enter total number of			recognized as charities by the			-		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities ...

Schedule F (Form 990) 2023

8

40

Schedule F (Form 990)

Mercatus Center, Inc.

54-1436224

Page 2

	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9			-i
I a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
		Europe (Including						
		Iceland &						
		Greenland)	Research Grant	21,400.	Wire/EFT/Check	0.		
		Europe (Including						
		Iceland &						
			Research Grant	25,100.	Wire/EFT/Check	0.		
		Europe (Including						
		Iceland &						
			Research Grant	10,000.	Wire/EFT/Check	0.		
		Furana (Including						
		Europe (Including Iceland &						
			Research Grant	25,000.	Wire/EFT/Check	Ο.		
		Europe (Including Iceland &						
			Research Grant	50,000.	Wire/EFT/Check	Ο.		
		Europe (Including Iceland &						
			Research Grant	50,000.	Wire/EFT/Check	0.		
		Europe (Including Iceland &						
			Research Grant	30,000.	Wire/EFT/Check	Ο.		
		Europe (Including						
		Iceland & Greenland)	Research Grant	25,000.	Wire/EFT/Check	0.		
		Europe (Including						
		Iceland &	Daaraanah Gu	00.170				
		Greenland)	Research Grant	20,140.	Wire/EFT/Check	0.		

Schedule F (Form 990)

Mercatus Center, Inc.

54-1436224

Page 2

	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line		1
<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		Europe (Including						
		Iceland &						
		Greenland)	Research Grant	20,000.	Wire/EFT/Check	0.		
		Europe (Including						
		Iceland &						
			Research Grant	20,000.	Wire/EFT/Check	٥.		
		Europe (Including						
		Iceland & Greenland)	Research Grant	10 448	Wire/EFT/Check	0.		
		Si cenitana /		10,440.	WITE/HFT/Check	••		
		Europe (Including	Student					
		Iceland &	Development/education					
		Greenland)	grant	7,708.	Wire/EFT/Check	0.		
		Europe (Including						
		Iceland &						
			Research Grant	45,000.	Wire/EFT/Check	0.		
		Middle East and						
			Research Grant	25,000.	Wire/EFT/Check	٥.		
		North America	Research Grant	100 000	Wire/EFT/Check	Ο.		
				100,000.	HIC/ HIT/ Check			
		North America	Research Grant	20,000.	Wire/EFT/Check	0.		
		Russia and						
		Neighboring						
		States - Ukraine	Research Grant	20,000.	Wire/EFT/Check	0.		

Mercatus Center, Inc. 54-1436224 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) Russia and Neighboring 10,000.Wire/EFT/Check 0. States - Ukraine Research Grant Russia and Neighboring States - Ukraine Research Grant 20,000.Wire/EFT/Check 0. Russia and Neighboring 10,000.Wire/EFT/Check States - Ukraine Research Grant 0. South America Research Grant 20,000.Wire/EFT/Check 0. Student Development/education South America 10,000.Wire/EFT/Check 0. grant South Asia Research Grant 100,000.Wire/EFT/Check 0. South Asia Research Grant 100,000.Wire/EFT/Check 0. 100,000.Wire/EFT/Check South Asia 0. Research Grant 80,000.Wire/EFT/Check South Asia Research Grant 0.

Schedule F (Form 990)	Merca	tus Center,	Inc.		54-14	36224		Page <b>2</b>
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Research Grant	60,000.	Wire/EFT/Check	0.		
		South Asia	Research Grant	45,000.	Wire/EFT/Check	0.		
		South Asia	Research Grant	35,000.	Wire/EFT/Check	0.		
		South Asia	Research Grant	35,000.	Wire/EFT/Check	0.		
		South Asia	Research Grant	30,000.	Wire/EFT/Check	0.		
		South Asia	Research Grant	30 000	Wire/EFT/Check	0.		
		South Asia	Research Grant	28,000.	Wire/EFT/Check	0.		
		South Asia	Research Grant	20,000.	Wire/EFT/Check	0.		
		South Asia	Research Grant	15 000	Wire/EFT/Check	0.		
		Pouch Asta	Research Grant	L 13,000.	rite/ mr 1/ check	0.		

54-1436224 Mercatus Center, Inc. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) South Asia Research Grant 12,000.Wire/EFT/Check 0. 110,000.Wire/EFT/Check South Asia Research Grant Ο. Sub-Saharan Africa 50,000.Wire/EFT/Check 0. Research Grant Sub-Saharan Africa 35,000.Wire/EFT/Check Research Grant 0.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Central America						
Research grants	and the Caribbean	2	15,000.	Wire/EFT/Check	0.		
	Sub-Saharan						
Research grants	Africa	1	10,000.	Wire/EFT/Check	0.		
Research grants, and stipend	Central America						
support	and the Caribbean	2	17,250,	Wire/EFT/Check	0.		
			, -				
	Europe (Including						
Research grants, and stipend	Iceland &						
support	Greenland)	6	33,630.	Wire/EFT/Check	0.		
Research grants, and stipend	Sub-Saharan	1.0	46 227				
support	Africa	12	40,327.	Wire/EFT/Check	0.		
	Central America						
Stipend support	and the Caribbean	1	750.	Wire/EFT/Check	0.		
	Russia and						
	Neighboring						
Stipend support	States - Ukraine	1	600.	Wire/EFT/Check	0.		
	Sub-Saharan						
Stipend support	Africa	4	4 600.	Wire/EFT/Check	0.		
			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Student development/education	East Asia and the						
fellowships	Pacific	8	11,235.	Wire/EFT/Check	Ο.		

## Schedule F (Form 990) 2023 Mercatus Center, Inc.

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

 Part III can be duplicated if additional space is needed.
 (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description (g) Descr

54-1436224

Page 3

Part III Continuation of Grants an	d Other Assistance to I	ndividuals Outs	ide the United	States. (Schedule F (Form 990), I	Part III)		-
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Europe (Including						
Student development/education							
fellowships	Greenland)	21	117,255.	Wire/EFT/Check	0.		
Student development/education		_					
fellowships	North Africa	5	4,889.	Wire/EFT/Check	0.		
Student development/education							
fellowships	South America	23	24,003.	Wire/EFT/Check	0.		
Student development/education							
fellowships	South Asia	1	1,228.	Wire/EFT/Check	0.		
Student development/education	Sub-Saharan						
fellowships	Africa	12	11,482.	Wire/EFT/Check	0.		
Student development/education							
fellowships and stipend	East Asia and the						
support	Pacific	7	6,719.	Wire/EFT/Check	0.		
Student development/education	Europe (Including						
fellowships and stipend	Iceland &						
support	Greenland)	22	27,851.	Wire/EFT/Check	0.		
Student development/education	Russia and						
fellowships and stipend	Neighboring						
support	States - Ukraine	9	6,905.	Wire/EFT/Check	0.		
Student development/education							
fellowships and stipend							
support	South America	7	7,766.	Wire/EFT/Check	Ο.		

54-1436224

Page 3

332183
04-01-23

Schedule F (Form 990)

Mercatus Ce	nter,
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Inc.

54-1436224

Page **3** 

Part III Continuation of Grants and	d Other Assistance to I	ndividuals Outs	ide the United	States. (Schedule F (Form 990), Pa	rt III)		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
Student development/education fellowships, research grants	East Asia and the Pacific	2	5,228.	Wire/EFT/Check	0.		
Student development/education fellowships, research grants	Europe (Including Iceland & Greenland)	2	6,228.	Wire/EFT/Check	0.		
Student development/education fellowships, research grants	Middle East and North Africa	3	6,311.	Wire/EFT/Check	0.		
Student development/education fellowships, research grants	South Asia	7	30,340.	Wire/EFT/Check	0.		
Student development/education fellowships, research grants, and stipend support		163	896,057.	Wire/EFT/Check	0.		
Student development/education fellowships, research grants, and stipend support	North America	57	295,619.	Wire/EFT/Check	0.		
Student development/education fellowships, research grants, and stipend support		11	98,378.	Wire/EFT/Check	0.		
Student development/education fellowships, research grants, and stipend support	South America	8	49,213.	Wire/EFT/Check	0.		
Student development/education fellowships, research grants, and stipend support	South Asia	158	533,413.	Wire/EFT/Check	0.		

Part III Continuation of Grants an	d Other Assistance to I	ndividuals Outs	ide the United	States. (Schedule F (Form 990), Par	:    )		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
Student development/education fellowships, research grants,	Sub-Saharan						
and stipend support	Africa	26	139,107.	Wire/EFT/Check	0.		

54-1436224

332183 04-01-23

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

Schedule F (Form 990) 2023 Mercatus Center, Inc.

#### Part V Supplemental Information

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

Part I, Line 2:

Faculty awards are given to those Center faculty members who actively

engage in original research. In addition, grants were made to support

research at other universities that advance the mission of the center and

for promising projects to meaningfully improving society through the

Emergent Ventures program. Research projects are expected to result in

scholarly journal articles, book manuscripts, monographs, or other

quality products.

Part I, line 3:

Foreign expenses are directly tracked and accounted for on the accrual

method of accounting used for books.

Part I, Line 3, Column (e):

Region: Europe (Including Iceland & Greenland)

(e) Specific Types of Services in Region: Authoring, peer review, and

editiorial services, conference speaking, engagement and event services,

data quality and research services, illustration design services, teacher

resources service provider including mapping course outlines/syllabi and

data management

Part III, Col (c):

The number of individual recipients reported is an estimate based on

historical trends from the prior year.

SCHEDULE G	Suppleme	ntal Information Regarding	, Fun	drais	ing or Gaming <i>I</i>	Activ	vities	OMB No. 1545-0047	
(Form 990)		omplete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury Internal Revenue Service	0.1	Attach to Form 990 or Form 990-EZ.Open to PublicGo to www.irs.gov/Form990 for instructions and the latest information.Inspection							
Name of the organizatio	Employer ide	entification number							
	Mercatu	s Center, Inc.					54-1436	5224	
	complete this par	Complete if the organization answe t.	ered "\	es" o	n Form 990, Part IV, I	line 17	7. Form 990-E	Z filers are not	
<ul> <li>a X Mail solicitation</li> <li>b X Internet and</li> <li>c X Phone solicitation</li> <li>d X In-person solicitation</li> <li>2 a Did the organization</li> <li>key employees listing</li> <li>b If "Yes," list the 1000000000000000000000000000000000000</li></ul>	tions I email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indir	<b>f</b> Solicita <b>g</b> Special or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra l (inclu	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees,	X Ye		
compensated at le	east \$5,000 by the	organization.							
(i) Name and address of individual or entity (fundraiser)				Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
Advanced Advocacy,	LLC - 1750		Yes	No					
K Street NW, Suite	1200,	See Part IV		X	1,272,500.		116,000	. 1,156,500.	
Total					1,272,500.		116,000	. 1,156,500.	
<ol> <li>List all states in wh or licensing.</li> </ol>	ich the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is e	exempt from I	registration	

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

LHA 332081 09-13-23

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue			(event type)	(event type)	(total humber)	
Revenue	1	Gross receipts				
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
		Net income summary. Subtract line 10 from lin				
Pa	πι	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
			() 5	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
0	Ent	er the state(s) in which the organization condu	oto goming optivition:			
		he organization licensed to conduct gaming ac	• • –			
		No," explain:				
10a	We	re any of the organization's gaming licenses re	voked, suspended, or t	erminated during the tax	vear?	Yes No
		Yes," explain:			· · · · · · · · · · · · · · · · · · ·	

332082 09-13-23

Sch	edule G (Form 990) 2023	Mercatus	Center,	Inc.	54-1	43622	24 Page 3
	Does the organization conduct ga					Ye	s 🗌 No
	Is the organization a grantor, ben						
	to administer charitable gaming?					└── Ye	s 🗌 No
	Indicate the percentage of gamin						
	The organization's facility					13a	%
	An outside facility					13b	%
14	Enter the name and address of the	e person who prepa	ares the organiz	ation's gaming/special events	books and records:		
	Name						
	Address						
15a	Does the organization have a con	tract with a third pa	rty from whom	the organization receives gami	ng revenue?	_ 🗌 Ye	s 🗌 No
	If "Voc " optor the amount of com		d by the organi	zation ¢	and the amount		
	<ul> <li>If "Yes," enter the amount of gam of gaming revenue retained by th</li> </ul>		o by the organi	zation \$	and the amount		
	If "Yes," enter name and address	-					
		or and ann a partyr					
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		ndependent contractor			
17	,						
i	Is the organization required unde			• • • •			s 🗌 No
,	retain the state gaming license? Enter the amount of distributions						5 140
	organization's own exempt activit	-		ibuted to other exempt organiz			
Pa				required by Part I, line 2b, col	umns (iii) and (v); and Pa	rt III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also pr	ovide any addit	ional information. See instruction	ons.		
90	hedule G, Part I,	Line 2h	List of	Ten Highest Dai	d Fundraiser	· c •	
<u>bc</u>	neutre 9, rait 1,			Ten nignest tai	.u Fundrarser	5.	
(i	) Name of Fundrai	ger. Advan					
<u>, </u>	, mane or runurar	Ser. Auvali	LEU AUV	Cacy, DDC			
(i	) Address of Fund	raiser:					
17	50 K Street NW, S	uite 1200,	Washing	gton, DC 20006			
(;	i) Activity:						
<u>`</u>	_,						

Developed and facilitated relationships between prospective funding partners and Mercatus. Connected existing partners to Mercatus activities. Communicated activities and fundraising strategy to

Mercatus leadership.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service								
Name of the organization			-				Employer identification number	
Mercatus		Inc.					54-1436224	
Part I General Information on Grants a								
<ol> <li>Does the organization maintain records the criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?							
Part II Grants and Other Assistance to recipient that received more than s	Domestic Organ	izations and Domesti	<b>c Governments.</b> C	omplete if the orga	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any	
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
Kyiv School of Economics								
2403 Avenue X							Research and Education	
Brooklyn, NY 11235	52-2264611	501(c)3	1,100,000.	0.			Grants	
George Mason University 4400 University Drive, MSN 1A3 Fairfax, VA 22030-4444	54-0836354	501(c)3	437,945.	0.			Research and Education Grants	
Cornell University 1300 York Avenue Box 314 New York, NY 10065	15-0532082	501(c)3	321,113.	0.			Research and Education Grants	
Caribbean Progress Studies Institute, Inc 21262 Prado Circle - Huntington Beach, CA 92648	92-2750682	501(c)3	125,000.	0.			Research and Education Grants	
Scroll Prize Inc 548 Market St Unit 21052 San Francisco, CA 94104	92-1989282	501(c)3	100,000.	0.			Research and Education Grants	
Ukraine Global Scholars Foundation 177 Huntington Avenue,17th floor,#1 Boston, MA 02115	81-0847939	501(c)3	100,000.	0.			Research and Education Grants	
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>							<u> </u>	

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

5	4 –	143	862	24	Page 1

Schedule I (Form 990) Mercatus	Center, 1	[nc.				5	54-1436224 Page
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	ns and Domestic G	overnments (Scho	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Drizzle Health LLC							
3107 Tilden Drive							Research and Education
Baltimore, MD 21211	85-2963964		100,000.	0.			Grants
Baltimore, MD 21211	05-2905904		100,000.	0.			Grancs
George Mason University Foundation							
4400 University Drive, MSN 1A3							Research and Education
Fairfax, VA 22030-4444	54-1603842	501(c)3	80,000.	0.			Grants
,			, -				
Dirac Labs Inc.							
Commenda 108 W. 13th Street, Suite							Research and Education
Wilmington, DE 19801	93-1848077		60,000.	Ο.			Grants
· · · · · · · · · · · · · · · · · · ·							
Nucleate Bio							
88 Gordon St. #401							Research and Education
Brighton, MA 02135	86-3225994	501(c)3	55,000.	Ο.			Grants
Le Sallay & Marabou International							
Studies, Inc 105 MORNINGSIDE							
DRIVE - CROUTON ON HUDSON, NY							Research and Education
10520	85-2688298	501(c)3	50,000.	0.			Grants
Institute for Family Studies							
P.O. Box 1502							Research and Education
CHARLOTTESVILLE, VA 22902	27-0950140	501(c)3	50,000.	0.			Grants
The Miami Native Inc							
524 Hampton Lane							Research and Education
Key Biscayne, FL 33149	38-4243504	501(c)3	50,000.	0.			Grants
MeacherCimbel Correspondence							
TeacherGimbel Corporation							Bogoorgh and Education
2400 VIRGINIA AVE NW, C705	88-4201296	501(c)3	E0 000	0.			Research and Education
Washington, DC 20037	00-4201296	DUT(C)2	50,000.	0.			Grants
Center for Innovative Governance							
Research - 1717 K Street NW, #900							Research and Education
	82-3264419	501(c)3	50,000.	0.			Grants
- Washington, DC 20006	02-3204419	POT(6)3	50,000.	υ.			PLAILS

## Schedule I (Form 990) Mercatus Center, Inc.

5,	4 –	14	36	224	Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Digital Harbor Foundation, Inc.							
1045 Light Street							Research and Education
Baltimore, MD 21230	45-2536579	501 (c) 3	50,000.	0.			Grants
Institute for the Study of Modern	45 2550575	501(0)5	50,000.				
Authoritarianism - 114 12th Street							
Northeast - Washington DC, DC							Research and Education
20002	86-1870673	501(c)3	50,000.	0.			Grants
Duke University							
P.O.Box 104132							Research and Education
Durham, NC 27708	56-0532129	501(c)3	43,000.	0.			Grants
			, -				
Melagen Labs Corp.							
166 Geary St STE 1500							Research and Education
San Francisco, CA 94108	99-3368216		40,000.	0.			Grants
			,				
Wear Organ, Inc.							
34 Legato Way							Research and Education
The Woodlands, TX 77382	99-0693519	501(c)3	30,000.	0.			Grants
			,				
Pause Bio, Inc.							
21 Buena Vista Ave E							Research and Education
San Francisco, CA 94117	99-0768118		25,750.	0.			Grants
New York University - Stern							
105 East 17th Street, 2nd Fl							Research and Education
New York, NY 10003	13-5562308	501(c)3	25,000.	0.			Grants
Charmaine Lee							
407 East 12th Street, Apt 3FE							Research and Education
New York, NY 10009	85-4390556	501(c)3	25,000.	0.			Grants
Airstrip AI, Inc.							
651 N Broad St, Suite 201							Research and Education
Middletown, DE 19709	30-1406188		25,000.	0.			Grants

5	4 –	143	6224	Page 1

Schedule I (Form 990) Mercatu: Part II Continuation of Grants and Oth	s Center, 1		s and Domostic G	overnments (Sch	adula I (Earm 990) Br		54-1436224 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Dognosis, Inc. 2320 Burnside Street Simi Valley, CA 93065	93-4926716		25,000.	0.			Research and Education Grants
NaijaCoder, Inc. 531 West 135th Street, Apt 2 New York, NY 10031	88-3205893	501(c)3	25,000.	0.			Research and Education Grants
Diaspora Health, LLC 1529 Walnut St. Philadelphia, PA 19102	88-2258396	501(c)3	20,750.	0.			Research and Education Grants
Positive Sum Inc. 3 The Green Dover, DE 19901	37-2095625		20,500.	0.			Research and Education Grants
Biocompute, Inc. 8 The Green Ste A Dover, Kent, DE 19901	99-0708259		20,000.	0.			Research and Education Grants
vibecamp LLC 222 Fox Run Exton, PA 19341	87-3841151	501(c)3	20,000.	0.			Research and Education Grants
Mawazo Institute 1440 W Taylor St PMB 4094 Chicago, IL 60607	37-1845043		20,000.	0.			Research and Education Grants
Accelerate SF Inc 1929 Market St San Francisco, CA 94103	93-3563461		20,000.	0.			Research and Education Grants
Stego Ventures, Inc 1510 Liberty Lane Roswell, GA 30075	99-3298280	501(c)3	20,000.	0.			Research and Education Grants

5	4 –	14	36	22	4	Page 1

Part II Continuation of Grants and Other (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of	edule I (Form 990), Pa (f) Method of	(g) Description of	(h) Durrage of grant
	(b) EIN			(e) Amount of	(f) Method of	(a) Description of	(h) Duma a a a af amant
			Gash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	(h) Purpose of grant or assistance
merica's Future (AF)							
367 Connecticut Ave NW #200							Research and Education
ashington, DC 20036	52-1928321		20,000.	0.			Grants
he Counteroffensive Media							
orldwide - 449 R St NW Apt 102 -							Research and Education
ashington, DC 20001	92-3828245	501(c)3	20,000.	0.			Grants
AVOR Piedmont							
4 Marina Road	05-0627921		20.000	0			Research and Education
lover, SC 29710	05-0627921		20,000.	0.			Grants
rophecy CRE, Inc.							
50 Hayes St Unit 3G							Research and Education
an Francisco, CA 94102	99-1800477		20,000.	0.			Grants
he Hack Foundation							
605 Santa Monica Blvd #86294							Research and Education
est Hollywood, CA 90069	81-2908499	501(c)3	19,500.	0.			Grants
he Desideren Tra							
he Residency, Inc. 152 S Van Ness Ave							Research and Education
an Francisco, CA 94110	88-4349464	501(c)3	18,000.	0.			Grants
icrovessel, Inc.							
6363 Esperanza Dr							Research and Education
os Altos Hills, CA 94022	88-4203332		15,750.	0.			Grants
enter for Strange Works, Inc							
7 Chapel St							Research and Education
onroeville, OH 44847	99-2665845	501(c)3	15,000.	0.			Grants
he Research Foundation for SUNY							
tate University College 108 Ravin							Research and Education
neonta, NY 13820	14-1368361	501(c)3	12,663.	0.			Grants

#### Schedule I (Form 990) Mercatus Center, Inc. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

5	4 –	14	36	224	Page 1
-	-		50	444	Fauer

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kura Technologies Inc							
1 Soldiers Field Park							Research and Education
Boston, MA 02163	92-3994692		10,625.	0.			Grants
Archbridge Institute							
PO Box 34322							Research and Education
Washington, DC 20043	47-4252296	501(c)3	10,000.	0.			Grants
Hispanic Leadership Foundation							
1200 G Street, NW - Suite 800							Research and Education
Washington, DC 20005	82-3637480	501(c)3	10,000.	0.			Grants
Tholos Foundation							
722 12th St. NW 4th Floor							Research and Education
Washington, DC 20005	52-1400492	501(c)3	10,000.	0.			Grants
Good Kid Production							
							Research and Education
11 s 12th street	02 2775272	$F_{01}(-)_{2}$	10 000	0			
richmond, VA 23219	83-2775272	501(c)3	10,000.	0.			Grants
Minertti							
4624 NW 74th Ave, Unit 4 D01-058223	8						Research and Education
Doral, FL 33166-6447	30-1206320		8,600.	0.			Grants
				<b>·</b> •			
Young Voices							
1701 Rhode Island Ave NW							Research and Education
Washington, DC 20036	81-2593815	501(c)3	8,000.	0.			Grants
- ,			,				
The Curious Maverick							
1545 Farmer Pl							Research and Education
Santa Clara, CA 95051	92-1730034	501(c)3	6,000.	0.			Grants

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
Scholarships for qualified education expenses	2	9,000.	0.	N/A	N/A	
Student development/education Fellowships	417	934,508.	0.	N/A	N/A	
Research/ Student development Grants	106	1,291,423.	0	N/A	N/A	
	100	1,291,423.	0.	N/A		
Student development/education stipends	216	134,215.	0.	N/A	N/A	
Part IV Supplemental Information. Provide the information rec	uired in Part I, lir	ie 2; Part III, column	(b); and any other a	dditional information.		
Part I, Line 2:	· · · · · ·					
Faculty awards are given to those	Center f	aculty mem	bers who a	ctively		
engage in original research. In ad	ldition,	grants wer	e made to	support		
research at other universities that		-				
for promising projects to meaningf	ully imp	roving soc	iety throu	gh the		
Emergent Ventures program. Researc	h projec	ts are exp	ected to r	esult in		
scholarly journal articles, book m						
products.						

Schedule I (Form 990)Mercatus Center, Inc.54-1436224Page 2Part IVSupplemental Information
Part I, Line 1(h):
Grants were given to the George Mason University for the following
purposes: to provide general support for the mission and activities of
the George Mason University Foundation; to provide support for research
by faculty members in economics; to support student tuition in the
Department of Economics; to support student stipends in the Department
of Economics; and for summer support and course buyouts for faculty
members in economics.
Part III, column (b):
The number of individual recipients reported is an estimate based on
historical trends from the prior year.

<b>(Fo</b>	HEDULE J rm 990) tment of the Treasury al Revenue Service	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	F	OMB No. 1 202 Open to Inspec	23	}
-	e of the organization		Employer ic	•		mber
		Mercatus Center, Inc.		436224		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Part VII, Section A, First-class or c Travel for com		onal use esidence es			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	CEO/Executive Dire establish compensation X Compensation Independent c X Form 990 of or During the year, dic	ompensation consultant       X       Compensation survey or study         ther organizations       X       Approval by the board or compensation of any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	tion to			
	organization or a re	<b>.</b>				37
a		e payment or change-of-control payment?				X X
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?		4c		~
5	Only section 501(c	( <b>)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b> In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
_	contingent on the n	-		0-		x
a k	The organization?			6a		X
u		ation? r 6b, describe in Part III.		6b		
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
		les 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		х
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?	<u></u>	9		
For		on Act Notice, see the Instructions for Form 990.		ule J (Form	n 990)	2023

#### 54-1436224

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Daniel Rothschild	(i)	253,750.	250,000.	0.	0.	32,780.	536,530.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Daniel Butler	(i)	205,129.	130,000.	0.	0.	27,347.	362,476.	0.
Senior Director of Development	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Veronique De Rugy	(i)	225,653.	90,000.	18.	0.	20,403.	336,074.	0.
Senior Research Fellow	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Eileen Norcross	(i)	210,929.	65,000.	0.	0.	26,551.	302,480.	0.
VP of Policy Research	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Jennifer Zambone	(i)	203,150.	60,000.	0.	0.	10,979.	274,129.	0.
Secretary & VP of Operations	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Brian Knight	(i)	193,255.	40,000.	0.	0.	15,783.	249,038.	0.
Director of Innovation and Governanc	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Virgil Henry Storr	(i)	86,250.	161,001.	0.	0.	121.	247,372.	0.
Director/ VP Academic & Student Prog	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Alden Abbott	(i)	220,860.	15,000.	0.	0.	792.	236,652.	0.
Senior Research Fellow	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Gary Leff	(i)	148,333.	46,667.	0.	0.	20,989.	215,989.	0.
Treasurer & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Benjamin Klutsey	(i)	155,466.	37,000.	0.	0.	22,009.	214,475.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

(6)	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

**Open to Public** Inspection

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

SCHEDULE L (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization	Employer ident	Employer identification number					
Mercat	54-1436224						
Part I Excess Benefit Trans	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organ	nizations only)				
Complete if the organizatio	n answered "Yes" on Form 990, Part IV,	line 25a or 25b; or Form 990-EZ, Pa	rt V, line 40b.				
1 (a) Name of diamuslified norman	(b) Relationship between disqualified	(a) Description of trans	a ati a a	(d) Corrected			
(a) Name of disqualified person	person and organization (c) Description		ption of transaction		No		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
2 Enter the amount of tax incurred by	the organization managers or disqualifie	ed persons during the year under					
section 4958			\$				
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization							
Part II Loans to and/or From Interested Persons							
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization							
reported an amount on Form 990, Part X, line 5, 6, or 22.							

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or 1 the zation?	<b>(e)</b> Original principal amount	(f) Balance due	(g) defa	In ult?	<b>(h)</b> Ap by bo comm	proved ard or hittee?	(i) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
otal												

### Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization	Complete if the organization answered "Yes" on Form 990, Part IV, line 27.							
(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance				
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
_(10)								

Schedule L (	Form 9	990)	2023
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#### Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)Nona Storr	See Part V	20,000.	See Part V		X
(2)Linden Wright	See Part V	44,323.	See Part V		Х
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

#### Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Nona Storr

(b) Relationship Between Interested Person and Organization: Family

#### member of director

(d) Description of Transaction: Received honorarium for participating

in the Hayek Program Hurricane Dorian recovery project

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Linden Wright

(b) Relationship Between Interested Person and Organization: Family

member of director

(d) Description of Transaction: Received compensation as an employee of

Mercatus

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection over identification number

Ν	lame	of	the	orga	niza	tion
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Employer identification nu
54-1436224

	Mercatus Center, Inc. 54-1436224							
Par	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermir	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property						_	
9	Securities - Publicly traded	Х	10	82,926.	Fair market	: va	lue	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other ( )							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organi						0	
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	gement			0	
~~							Yes	No
30a	During the year, did the organization receive b	•	• • • •		-			
	must hold for at least 3 years from the date of							v
_	exempt purposes for the entire holding period	?				30a		X
	<b>b</b> If "Yes," describe the arrangement in Part II.							v
31								X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							v
	contributions? 32a							X
	If "Yes," describe in Part II.			<b>,</b> ,,, , ,,,, ,				
33								
<b>.</b>	describe in Part II.				0-1	A / E		00000
For F	Paperwork Reduction Act Notice, see the Inst	tructions fo	r Form 990.		Schedule I	vı (⊢orr	TI 990)	2023

Schedule M (Form 990) 2023 Merc	atus Center, Inc.
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

The number in column (b) reflects the number of contributors.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Complete Form		Form 990-EZ.	-EZ					
Name of the organization		Center, Inc.		Employer identification number $54 - 1436224$					
Form 990, Pa	rt III, Line	4d, Other Progr	am Services:						
Communicatio	ns – Improve	s the effectiver	ess of Mercatus o	utreach					
efforts, raises its public profile, and promotes its research and ideas									
to media and	opinion sha	pers.							
Expenses \$ 3,698,682. including grants of \$ 5,000. Revenue \$ 168.									
Outreach - Brings education in economic ideas to key decision-makers in									
the public p	olicy proces	S.							
Expenses \$ 1	<u>,653,519.</u>	including grants	s of \$ 93,600. Re	venue \$ 0.					
Public Affai	rs – Seeks t	o inform alumni,	faculty, and sup	porters about					
the efforts	of the Cente	r and build comm	nunication that de	velops a					
network of i	ndividuals i	nterested in lik	perty.						
Expenses \$ 1	,376,618.	including grants	s of \$ 0. Revenu	e \$ 0					
Form 990, Pa	rt VI, Secti	on B, line 11b:							
A draft of t	he Form 990	is prepared by t	he independent ac	countants and					
provided to	the Chairman	of the Board fo	or review prior to	filing.					
Form 990, Pa	rt VI, Secti	on B, Line 12c:							
Conflicts an	d potential	conflicts of int	erest are describ	ed in the Center's					
Employee Manual, which is distributed to all employees. Disclosure is									
required contemporaneously with any potential conflicts and employees are									
regularly reminded of the obligation.									

Form 990, Part VI, Section B, Line 15:

Schedule O (Form 990) 2023	Page 2
Name of the organization Mercatus Center, Inc.	Employer identification number 54-1436224
Officer compensation is set annually by a vote of the Exe	cutive Committee
of the Board of Directors. Decisions are documented by th	e Executive
Committee and provided to the organization. The committee	e considers
employee performance, their knowledge of non-profit pract	ices, and
comparability data.	

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL, AR, CA, FL, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OR, RI, SC, TN, VA, WV

Form 990, Part VI, Section C, Line 19:

The Organization's makes its financial statements and governing documents available upon request to those deemed to have a bona fide business purpose which advances the exempt purpose of the organization.

Form 990, Part XI, line 9, Changes in Net Assets:

Reversal of Prior Year Grant Expenses

100,000.

Form <b>8868</b>	
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(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

## File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	ne tax retu	ms.			
Part I - Id	lentification					
Type or Print	Name of exempt organization, employer, or other file	Taxpayer	Taxpayer identification number (TIN)			
	Mercatus Center, Inc.		54-1436224			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 3434 Washington Blvd, 4th					
instructions.	City, town or post office, state, and ZIP code. For a for Arlington, VA 22201-4508	oreign adc	lress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)			01
Application Is For		Return	n Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)		09	
Form 472	0 (individual)	03	Form 5227		10	
Form 990	-PF	04	Form 6069			11
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 8870			12
Form 990	-T (trust other than above)	06	Form 5330 (individual)	m 5330 (individual)		
Form 990	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	1-A	08				
<ul> <li>After yo</li> </ul>	ou enter your Return Code, complete either Part II or Pa	rt III. Part I	II, including signature, is applicable	only for ar	n extension of	
time to file	e Form 5330.					
<ul> <li>If this a</li> </ul>	pplication is for an extension of time to file Form 5330, y	/ou must e	nter the following information.			
Plar	n Name		-			
	n Number					
Plar	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organ	nizations (	see instructions)			
	ooks are in the care of The Center		· · · · ·			
		Blvd,	4th Floor - Arlin	gton,	VA 2220	)1-4508
Teleph	one No. 703-993-4930	-	Fax No. (703) 993-49	35		
	organization does not have an office or place of busines	s in the Ur				
	s for a Group Return, enter the organization's four-digit					
box	. If it is for part of the group, check this box					
	quest an automatic 6-month extension of time until J					
	organization named above. The extension is for the org				ipt organization	return for
	calendar year 20 or	anzation				
X		20	2.3 , and ending		1	, 20 <b>2 4</b>
27		, 20		1100 5	<u>+ .</u>	,2024
0 lf th	e tax year entered in line 1 is for less than 12 months, c	hool rooo		Final ratio	-	
2 11 11	Change in accounting period	IIECK IEdS		Final retur		
3a If th	a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less					
any nonrefundable credits. See instructions.				3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
c Bal	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					
usir	using EFTPS (Electronic Federal Tax Payment System). See instructions.					0.
For Privacy Act and Panerwork Reduction Act Notice see instructions					Form 896	8 (Rev. 1.2024)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.