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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Dedartment of the Treasury

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

Inspection

2010 A For the 2010 calendar year, or tax year beginning OCT 1. and ending SEP Check if applicable C Name of organization D Employer identification number THE AYN RAND INSTITUTE, THE CENTER FOR Address change THE ADVANCEMENT OF OBJECTIVISM Name change THE AYN RAND INSTITUTE 22-2570926 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 2121 ALTON PARKWAY 250 949-222-6550 Amended 8,755,891. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-IRVINE, CA 92606 H(a) Is this a group return pendina Yes X No F Name and address of principal officer: for affiliates? #250, 2121 ALTON PARKWAY, 92606 IRVINE, CA H(b) Are all affiliates included? JYes ∐ No I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.AYNRAND.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1984 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: TO INCREASE READERSHIP AND Governance UNDERSTANDING OF AYN RAND'S WORKS AND TO FIND AND TRAIN THE NEW SCANNED MAR 0 8 2012 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 7 Number of independent voting members of the governing body (Part VI, line 1b) 43 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 45 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 Ō. **Prior Year Current Year** 11,760,035. 7,904,432. Contributions and grants (Part VIII, line 1h) RS-OSC Program service revenue (Part VIII, line 29)3 841,268. 613,940. 3,052. Investment income (Part VIII, column (A), lines 3, 4, and 70) 1 2012 689. 634. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 481. Total revenue - add lines 8 through 11 (must equal/Part-VIII, column (A)-line 12) 12,604,989. 8,519,542. 189,952. Grants and similar amounts paid (Part IX, column (A), lines 13). 433,298. 14 Ō. Benefits paid to or for members (Part IX, column (A), line 4) 0. 3,919,817. 4,131,996. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 636,752. **b** Total fundraising expenses (Part IX, column (D), line 25) 3,995,930. 4,610,817. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 8,720,586. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,561,224. 3,884,403. Revenue less expenses. Subtract line 18 from line 12 -41,682. **Beginning of Current Year End of Year** 8,417,955. 7,862,730. 20 Total assets (Part X, line 16) 180,493. 21 Total liabilities (Part X, line 26) 3,730,714. Net assets or fund balances. Subtract line 21 from line 20 4,237,462. 4,132,016. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return_including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign 700 Q Here Type or printmame and title Prepared's signatui Print/Type preparer's name Date Revle Paid) avid P00481819 Firm's name KMJ CORBIN & COMPANY, Preparer 81-0569753 Use Only Firm's address 555 ANTON BLVD, SUITE COSTA MESA, CA 92626 Phone no. 714-380-6565

X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010) SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

May the IRS discuss this return with the preparer shown above? (see instructions)

ACADEMIC - THE OBJECTIVIST ACADEMIC CENTER (OAC) CONTINUED TO PROVIDE

ITS FOUR-YEAR PROGRAM OF COURSES TO OVER 100 STUDENTS, WITH 19 STUDENTS

GRADUATING DURING THE YEAR. AS PART OF ITS REDESIGNED ADVANCED TRAINING

PROGRAM, OAC HOSTED A WORKSHOP ON PREPARING FOR THE PHILOSOPHY JOB

MARKET. EXPANDED THE INTERNSHIP PROGRAM, ALLOWING 20 STUDENTS A

THREE-WEEK INTERNSHIP EXPERIENCE, INCLUDING SEMINARS AND ONE-ON-ONE

TUTORIALS. CO-HOSTED CONFERENCE FOR PROFESSORS, AND PARTICIPATED IN

SEVERAL SESSIONS AT THE ANNUAL ASSOCIATION FOR PRIVATE ENTERPRISE

EDUCATION CONFERENCE. DISTRIBUTED 8,500 COPIES OF ATLAS SHRUGGED TO

YOUNG PEOPLE AT FREE MARKET ORGANIZATIONS. COMPLETED 2ND EDITION OF WHY

BUSINESSMEN NEED PHILOSOPHY, PUBLISHED BY PENGUIN. THE AYN RAND CAMPUS

PROJECT MADE PROGRESS IN BOTH WEBSITE DEVELOPMENT AND COURSE

ld	Other progra	m services.	(Describe	in Schedule	O.)
----	--------------	-------------	-----------	-------------	-----

(Expenses \$ 1,244,458 · including grants of \$

) (Revenue \$ 549,755.)

4e Total program service expenses ►

7,530,631.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	Х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2 3	Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4	,	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ŀ		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21; 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 term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	ы.		
	as applicable.	, *** - - 1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			77
	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	امما		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c	-	
u	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? If "Yes," complete Schedule D, Part X	11e	X	
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		Х
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	\Box	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		,,	
	and program service activities outside the United States? 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 assistance to any organization			х
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? 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.	16		-
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- "-		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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 hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

THE ADVANCEMENT OF OBJECTIVISM Form 990 (2010) THE ADVANCEMENT OF Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 25	24a		Х
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		
ď	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	l		
	Schedule L, Part III	27	Х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	# 4		
	instructions for applicable filing thresholds, conditions, and exceptions):	3/4"		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	ļ
29	Did the organization receive more than \$25,000 in non-cash 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?			٠,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?	24	X	l
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	X	
35		35		
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
26				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	20		x
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	۳'		
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Traction of the control of the required to demplote demodule of the control of th	<u>~~</u>		

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	Check if Schedule O contains a response to any question in this Part V			
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in 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	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	٠		
	filed for the calendar year ending with or within the year covered by this return 2a 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		^
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	c-		х
.	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	٠٠٠٠		
a	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	لب ـــ شــ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			v e.
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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h	3 . 1	X
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		3,4	
9	Sponsoring organizations maintaining donor advised funds.		Ŷ.,	*
a	Did the organization make any taxable distributions under section 4966?	∕ ∛ 9a	DL 1 40	·
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	\$ P'()	14 17	
а	Initiation fees and capital contributions included on Part VIII, line 12		5 5	, , ,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	· Kroj	* -	
11	Section 501(c)(12) organizations. Enter:	,		,
а	Gross income from members or shareholders	4,0,4	-,	٠,
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against	* .	1	- ;
	amounts due or received from them.)	·	• ,	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	- 1/4).		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	420	* £× 1	1 Land
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	1	200
h	Enter the amount of reserves the organization is required to maintain by the states in which the		8.2	
•	organization is licensed to issue qualified health plans	7		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	And develop a state of	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (2010)

Form 99Q (2010)

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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 in Schedule O See instructions

XCheck if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes." does the organization have written policies and procedures governing the activities of such chapters, affiliates, Х 10b and branches to ensure their operations are consistent with those of the organization? X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this is done 12c X 13 13 Does the organization have a written whistleblower policy? $\overline{\mathbf{x}}$ Does the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA , CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JULIE FERGUSON - 949-222-6550 2121 ALTON PARKWAY SUITE 250, IRVINE, CA 92606

THE ADVANCEMENT OF OBJECTIVISM

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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Check if Schedule O contains a response to any guestion in this Part VII

Employees, and Independent Contractors

Form 990 (2010)

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	l		Pos				Reportable	Reportable	Estimated
	hours per	(c	hecl	all 1	that	app	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	<u></u>	Key employee	Highest compensated employee	la la	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	O)	휼	Instit	Officer	Key	돌를	F	j		organizations
JOHN ALLISON										
DIRECTOR	2.00	Х	L					0.	0.	0
CARL BARNEY										
DIRECTOR	2.00	X	L.,					0.	0.	0
MIKE BERLINER										
DIRECTOR	2.00	X						6,251.	0.	0
HARRY BINSWANGER										
DIRECTOR	2.00	X	<u> </u>		<u> </u>			0.	0.	0
PETER LEPORT		ĺ				1	İ		_	_
DIRECTOR	2.00	X	_		L	_	L	0.	0.	0
ARLINE MANN			1							
DIRECTOR	2.00	X	_	<u> </u>	_	_	<u> </u>	0.	0.	0
JOHN RIDPATH		١				l		4 400		
DIRECTOR	2.00	X	<u> </u>	<u> </u>	<u> </u>	╙	<u> </u>	1,100.	0.	0
TARA SMITH	, , , ,	.,						٥٥٥	ا م	•
DIRECTOR	2.00	X	ļ		<u> </u>	ļ	├-	850.	0.	0
YARON BROOK	45.00	-		X			ļ	151 165		21 145
PRESIDENT & DIRECTOR MARK CHAPMAN	45.00	^	 —	Λ	⊢	 -	-	451,465.	0.	21,145
VP. DEVELOPMENT	45.00			x				339,719.	0.	3,000
STEVEN DOUGHERTY	=3.00	┢	├─	<u> </u>	-		┢	333,713.	0.	3,000
SECRETARY / HR / LEGAL MGR	45.00		ĺ	X				64,071.	0.	3,339
JULIE FERGUSON		\vdash	┝		 	\vdash	-	01,0,20	<u>~</u>	3,333
TREASURER / VP. BUS OPS	45.00			х		1	1	142,968.	0.	24,782
DEBI GHATE			 	-		╁	T			
VP. EDUCATION & RESEARCH	45.00			x	ł			172,779.	14,583.	14,336
ONKAR GHATE			_	<u> </u>		!				
VP. OF INTELLECTUAL LEADERSHIP	45.00	ļ		X				124,602.	0.	9,368
ANU SEPPALA						Π				
DIR OF CULTURAL OUTREACH	45.00		L	X	<u></u>	L	L	140,047.	0.	11,116
LIN ZINSER				Ī						
DIR OF PUBLIC OUTREACH	45.00	L	L	X	L	L		139,343.	0.	11,146
KATHERINE CROSS		Γ	Γ							
GIFT & ESTATE PLANNING MGR	45.00		<u> </u>			Х	L_	117,833.	0.	13,662
032007 12-21-10										Form 990 (201)

THE ADVANCEMENT OF OBJECTIVISM

Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	mple	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)			
. (A)	(B)			•	C)			(D)	(E)		(F)
Name and title	Average	١,.		Pos			1. A	Reportable	Reportable			nated
	hours per week	(CI	теск	all	ınaı	арр	''y) 	compensation from	compensation from related			unt of her
	(describe	į						the	organization			nsation
	hours for	투	بو		i	ated		organization	(W-2/1099-MIS		fron	n the
	related	ustee	truste			npens		(W-2/1099-MISC)			•	ization
	organizations in Schedule	Individual trustee or director	tonal		lg.	st con yee	<u>_</u> ا					elated zations
	O)	ž P	Institutional 1	Officer	Key employee	Highest compensated employee	Former			H	organi	Zations
DUANE KNIGHT	45 00					x		138,424.		0.	0	,788.
DEVELOPMENT MGR, MAJOR GIFTS	45.00			\vdash		^	-	130,424.		- ' 		, 700.
		┢								\neg		
						<u> </u>						
	ļ	<u> </u>		_		-	_					
					ľ							
		╁			\vdash	-	\vdash					
		T			\vdash	\vdash				\Box		 -
							L					
		<u> </u>			<u> </u>	_	Ļ	ļ				
										i		
1b Sub-total	<u> </u>	L	L	L	L		L	1,839,452.	14,5	83.	120	,682.
c Total from continuation sheets to Part V	IL Section A		•					0.	22,0	0.		0.
d Total (add lines 1b and 1c)	.,,				•	•		1,839,452.	14,5	83.	120	,682.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 in reportabl	e		
compensation from the organization												<u>9</u>
										г	Y	es No
3 Did the organization list any former officer			, Ke	y em	plo	yee,	or I	nighest compensated er	nployee on		· .	`~`\ X
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si			mn	ones	ation	n and	 to t	 ther compensation from	the organization	-	3	- ^- -
and related organizations greater than \$15									and organization		4	x 🖢
5 Did any person listed on line 1a receive or									idual for services	, [
rendered to the organization? If "Yes," con	plete Schedul	e J f	or su	uch	pers	son					5	X
Section B. Independent Contractors												
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of con	npensa	ation fro	m
the organization.							_	(B)	ľ		(C)	
(A) Name and business	address							Description of s	ervices	C	ompens	ation
EMERGE PARTNERS, INC., 2	77 ALEX	ANI	DEF	2 5	ST			WEBSITE DESI	GN &			
STE 400, ROCHESTER, NY 1								MARKETING SE	RVICES		494	,327.
SPECIALIZED MARKETING SO								MAILING & DA	TABASE			
3421 W. SEGERSTROM AVE,	SANTA AI	NA	<u>, (</u>	CA_	9:	270) 4	SERVICE			253	<u>,885.</u>
WESTAMERICA GRAPHICS			~ ~	•	٠.	1 ^					100	600
19682 DESCARTES, FOOTHIL	L KANCH	<u>, (</u>	_ν Α	7	40.	TO	-	PRINTING			190	<u>,689.</u>
	· · · · · ·						\dashv					
2 Total number of independent contractors (including but r	ot li	mrte	d to			ste	d above) who received n	nore than			
\$100,000 in compensation from the organ	zation 🕨					3				1	. One	

Page 9

LPa	rt V	ΪÌΙ	Statement of Rever	nue					
			, , ,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
និន	1 ε	а	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts			Membership dues	1b					
₽ξ	-		Fundraising events	1c	456,267.				
if s				1d	100,10.0	1			
g'i			Related organizations						
양병	•		Government grants (contribut						
풀힐	T		All other contributions, gifts, gran	1 1	7440165				
문항			sımılar amounts not included abo	ve 1f	7448165.				204
55	ξ	_	Noncash contributions included in lines	1a-1f \$		7004430			
OB	<u> </u>	<u> </u>	Total. Add lines 1a-1f	<u> </u>	<u> </u>	7904432.			· · · · ·
					Business Code				
8	2 a		BOOK		451211	324,379.	324,379.		
<u>∑</u> •	b		CONFERENCE		611710	223,470.	223,470.		
S E	c	-	TUITION		611710	26,250.	26,250.		
e a	c		PROFESSIONAL OU	JTREACH	611710	17,180.	17,180.		
Program Service Revenue	e	•	ACADEMIC		611710	8,270.	8,270.		
ا ته	f	, ,	All other program service reve	enue	611710	14,391.	14,391.		
	ç	Э.	Total. Add lines 2a-2f	•		613,940.			
\Box	3	- 1	Investment income (including	dividends, intere	est, and				
1		(other similar amounts)		•	5.			5.
ļ	4	ı	income from investment of ta	x-exempt bond p	roceeds	-			
l	5	1	Royalties		•				
- 1			•	(i) Real	(ii) Personal				
l	6 a	a (Gross Rents			1		1.475	
	ь		Less: rental expenses						
ļ	c		Rental income or (loss)			,			3
			Net rental income or (loss)	<u> </u>				/ * x * *	- 27
- 1			Gross amount from sales of	(i) Securities	(ii) Other	<u> </u>		,	
	, ,		assets other than inventory	167200.	300.	Mary Control	· •	• •	1
			Less: cost or other basis	107200	300.			,	, **-
				161762.	5,054.				7. 7.
-	_		and sales expenses Gain or (loss)	5,438.	-4,754.		,		, y
				3,430.	3,/33.	684.	684.		
	0		Net gain or (loss) .		P _	004.	004.	-7 12:2.7.3cV 2005	9.5(17) 7884 78
eune	8 a		Gross income from fundraising notuding \$ 456,2						1 1
ě									
Other Rev			contributions reported on line	•	60 522	\$40 PM	140000		
ĕ			Part IV, line 18	. a	69,533.				
₹			_ess: direct expenses		69,533.				
			Net income or (loss) from fund	•	·	Ų.	34. 34. 3		* * * * * * * * * * * * * * * * * * * *
	9 a		Gross income from gaming ac	tivities. See					(新姓) 24
			Part IV, line 19	a		100		State .	' A 195
			Less: direct expenses	b			*	, , , , , , , , , , , , , , , , , , ,	
į			Net income or (loss) from gam	_					
	10 a	• (Gross sales of inventory, less	retums				~ ~~ »	,
		ŧ	and allowances	а			ing to the second of the secon	A. 4	, r
	b	l	ess: cost of goods sold	b					in the
L	<u>c</u>	1 :	Net income or (loss) from sale	s of inventory					
L			Miscellaneous Revenu	е	Business Code		Policy Land List		
ſ	11 a	, 1	MISCELLANEOUS		611710	481.	481.		L
J	b	_							
[C	; -							
- 1	d	1 7	All other revenue						
- 1	e	. 1	Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·	. · ·	481.	Aria Barri.	hadar a sa Ma	to be a substantial .
1	12		Total revenue. See instructions.	· · ·		8519542.	615,105.	0.	5.
03200 12-21-		_	·. — —, ·· ,	<u> </u>	-	·	·		Form 990 (2010)

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) but are not required to complete columns (B), (C), and (D). (D) Fundraising Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 224,000 224,000 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 192,678. 192,678. the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. 16,620 16,620 See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,596,905. 1,395,832 113,103. 87,970. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and 139,784 282,405 142,621. persons described in section 4958(c)(3)(B) 82,403. 777,378. 1,619,312. 75,663. Other salanes and wages Pension plan contributions (include section 401(k) 35,572. 1,612 and section 403(b) employer contributions) 37,991 807. 191,614. 168,027. 9,824 13,763. Other employee benefits 245,703. 215,457. 12,597. 17,649. 10 Payroll taxes Fees for services (non-employees): a Management 9,711 19,858. 5,787 4,360. **b** Legal 25,578. 45,787. 20,209. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other g 332,100. 332,100. 12 Advertising and promotion 56,136. 48,379. 2,583. 5,174. 13 Office expenses 14 Information technology 125,545. 125,545. Royalties 15 634,131. 568,105. 39,406. 26,620. 16 Occupancy 242,854. 197,021. 10,657. 35,176. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,245. 16,443. 12,619. 2,579. Conferences, conventions, and meetings 19 10,501. 9,234. 581. 686. 20 21 Payments to affiliates 42,259 48,163 2,285. 3,619. Depreciation, depletion, and amortization 22 18,785 1,973 16,812. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) 801,035 **OUTSIDE SERVICES** 765,136 6,443.29,456. POSTAGE AND FREIGHT 350,965 333,336. 3,557 14,072. 300,552 297,793. 1,735. 1,024. BOOKS 243,225 215,798. 27,400. PRINTING AND MAILING 27. d 167,506. 69,581. **EVENTS** 240,160. 3,073 396,834. 53,199 509,690. 59,657. All other expenses 8,561,224 7.530.631. 393,841. 636,752. Total functional expenses. Add lines 1 through 24f Joint costs. Check here X if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising 0. 159,568 103,177 56,391.

22-2570926 Page 10

solicitation

THE AYN RAND INSTITUTE, THE CENTER FOR 22-2570926 Page 11 THE ADVANCEMENT OF OBJECTIVISM Part X Balance Sheet (A) Beginning of year End of year 1,216,773. 715,475. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 4,456,459. 3,223,853. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 7 Notes and loans receivable, net 111,944. 133,376. 8 8 Inventories for sale or use 82,704. 73,091. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 390,298. 10a basis. Complete Part VI of Schedule D 264,205. 126,093. 106,104. 10b 10c b Less: accumulated depreciation 233,133. 212,981. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 2,690,704. 2,759,883. 15 15 Other assets. See Part IV, line 11 7,862,730. 8,417,955. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,596,394. 1,565,514. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 149,607. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 433,972. Unsecured notes and loans payable to unrelated third parties 24 24 2,150,127. 2,015,593. Other liabilities. Complete Part X of Schedule D 25 25 4,180,493. 3,730,71**4.** 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. -1,035,175 530,679. Net Assets or Fund Balances 27 27 Unrestricted net assets 5,124,406. 4,514,464. 28 Temporarily restricted net assets 148,231. 148,231. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

> 7,862,730. Form 990 (2010)

4,132,016.

30

31

32

33

4,237,462.

8,417,955.

. .5235 .

30

31

32

33

complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

22-2570926 THE ADVANCEMENT OF OBJECTIVISM Page 12 Form 990 (2010) Part XI Reconciliation of Net Assets X Check if Schedule O contains a response to any question in this Part XI 8,519,542. 1 Total revenue (must equal Part VIII, column (A), line 12) 8,561,224. Total expenses (must equal Part IX, column (A), line 25) 2 2 -41,682. 3 3 Revenue less expenses. Subtract line 2 from line 1 4,237,462. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) -63,764. 5 Other changes in net assets or fund balances (explain in Schedule O) 5 4,132,016. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2010)

За

X

Separate basis Consolidated basis

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2010

Open to Public Inspection

Name of	the organizat	ion THE	AYN	RAND INSTIT	TUTE,	THE C	ENTER	FOR	E	Employer	identification number		
		THE	ADV.	ANCEMENT OF	OBJEC	TIVIS	M			2	2-2570926		
Part I	Reason	for Public	Chari	ity Status (All organi	zations mu	st comple	te this par	t) See ins	tructions.				
The organ			_	because it is: (For lines						-			
1 🗀		-		s, or association of chu	_		-) <u>.</u>				
2 🗔				0(b)(1)(A)(ii). (Attach S				· · · · · · · · · · · · · · · · · · ·	,-				
з 🗔				al service organization			170(b)(1)	(AVoii).					
4	•	•	•	perated in conjunction					Y6Y1YAY	iiu). Enter t	the hospital's name		
- —	city, and stat			porator in conjunction		5 p.(a. 6666			·(=)(•)(·)(·)(,. =	ino noopital o namo,		
5 🗀			or the l	benefit of a college or u	iniversity o	wned or o	nerated h	, a govern	mental ur	nt describ	ned in		
•	_	(b)(1)(A)(iv). (C		-	ariivorsity o	willou or o,	perated by	, a govern	mornar ar	iii acsono			
• 🗆	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
6 <u> </u>	· ·			•					nu funam bh				
المكليا	_		-	eives a substantial part	oi its supp	on nom a	governm	ental unit (or from the	e generai	public described in		
• 🗀		b)(1)(A)(vi). (C	-	•	(0	D-4 !! \							
8	-			ection 170(b)(1)(A)(vi).									
9	_		•	eives: (1) more than 33						•	•		
			-		-	-	-				from gross investment		
				xable income (less sec	ction 511 ta	ax) from bu	Isinesses	acquired b	by the org	anization	after June 30, 1975.		
		509(a)(2). (Co	•	•			_						
10	=	-		erated exclusively to te	-	-							
11	-	_		erated exclusively for t		•				-	• •		
		• •	•	tions described in sect		. •		2). See se e	ction 509	(a)(3). Ch	eck the box that		
			orting o	organization and comp	lete lines 1	1e through	n 11h.			_	7		
	a L Type i	l	b L	Type II	с ГТТ Тур	e III - Fund	tionally in	tegrated		dL	J Type III - Other		
e 📖	By checking	this box, I cerl	tify that	t the organization is no	t controlled	d directly o	r indirectly	, by one o	r more dis	squalified	persons other than		
	foundation m	anagers and o	other th	nan one or more public	ly supporte	ed organiza	ations des	cnbed in s	section 50	9(a)(1) or	section 509(a)(2).		
f	If the organiz	ation received	i a writt	ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganızatıon, ch	neck th	is box							L_		
g	Since August	t 17, 2006, has	s the o	rganization accepted a	ny gift or c	ontribution	from any	of the foll	owing pei	rsons?			
	(i) A perso	n who directly	or ındı	rectly controls, either a	llone or tog	ether with	persons of	described	ın (ii) and	(III) below,	, Yes No		
	the gove	eming body of	f the su	pported organization?							11g(i)		
	(ii) A family	member of a	person	described in (i) above?	?						11g(ii)		
	(iii) A 35% d	controlled entr	ty of a	person described in (i)	or (ii) abov	e?					11g(iii)		
h	Provide the fe	ollowing inform	nation :	about the supported or	rganization	(s).							
(i) Name	of supported	(ii) EIN		(iii) Type of	(iv) is the	organization	(v) Did yo	u notify the	(vi)	s the	(vii) Amount of		
	anization	(,	- 1	organization (described on lines 1-9		sted in your		ion in col.	Torganizati I (i) organi	on in col. zed in the	support		
_				above or IRC section	governing	document?	(i) of you	r support?	Ü.S	S.?	,,		
				(see instructions))	Yes	No	Yes	No	Yes	No			
	-				1				1	1			
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		888 · 18 6	Circi 1	98 1 7 T 31	7 80	7 3 3	101 F	 	34. 3	9 3			

(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

Schedule A (Form 990 or 990-EZ) 2010 THE ADVANCEMENT OF OBJECTIVISM Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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	fails to qualify under the tests	s listed below, plea	se complete Part	III.)			
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	6,629,678.	6,325,359.	6,626,805.	12,601,989.	8,518,372.	40,702,203.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf	ļ	<u> </u>				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,629,678.	6,325,359.	6,626,805.	12,601,989.	8,518,372.	40,702,203.
5	The portion of total contributions			`	<i>'</i>		
	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,		3				
	column (f)		*	*	• ~ ,		14,926,131.
	Public support. Subtract line 5 from line 4	*		Service of the servic	434-NO		25,776,072.
_	ction B. Total Support	(10000	#10007	(1)0000	(4) 0000	() 0040	
	endar year (or fiscal year beginning in)	(a) 2006 6,629,678.	(b) 2007 6,325,359.	(c) 2008 6,626,805,	(d) 2009 12,601,989.	(e) 2010 8,518,372.	(f) Total 40,702,203.
-	Amounts from line 4	0,023,078.	0,323,333.	0,020,003.	12,001,303.	0,510,572.	40,702,203.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	1,447.	-11,792.	-20,625.	52.	5.	-30,913.
۵	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	16,190.				481.	16,671.
11	Total support. Add lines 7 through 10		San	100		8 (\$ 35 648541)	40,687,961.
	Gross receipts from related activities,	etc. (see instructi				12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here	**				<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) d	vided by line 11, o	column (f))		14	63.35 %
	Public support percentage from 2009					15	64.13 %
16a	33 1/3% support test - 2010.If the o	rganization did not	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright [X]$
b	33 1/3% support test - 2009.If the o	rganization did not	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	i ere. Explain in Pai	rt IV how the organ	ızatıon
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		. ▶□
b	10% -facts-and-circumstances tes	•				•	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	. —
	organization meets the "facts-and-circ	cumstances" test	The organization (qualifies as a public	cly supported ora:	anization	▶

18 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 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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-					ļ			
	formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose	,							
3	Gross receipts from activities that								
	are not an unrelated trade or bus-					1			
	iness under section 513	ļ				1	1		
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								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
t	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								
	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6.)	E 40 1	*,	2 3 1	\$	· , .,			
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
9	Amounts from line 6		<u> </u>						
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties								
	and income from similar sources								
t	Unrelated business taxable income						_		
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975		<u></u>						
•	Add lines 10a and 10b								
11									
	activities not included in line 10b, whether or not the business is								
	regularly carned on								
12	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support (Add lines 9, 10c, 11, and 12)								
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thu	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organi	zation,		
	check this box and stop here						<u> </u>		
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
15	Public support percentage for 2010 (line 8, column (f) d	ivided by line 13,	column (f))		15	%		
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%		
Se	ction D. Computation of Inve	stment Incom	e Percentage						
17	Investment income percentage for 20)10 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%		
18	Investment income percentage from	2009 Schedule A,	Part III, line 17			18	%		
198	33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not		
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
t	b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	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 th	nis box and see in	structions	<u> </u>		

THE AYN RAND INSTITUTE, THE CENTER FOR 22-2570926 Page 4 Schedule A (Form 990 or 990-EZ) 2010 THE ADVANCEMENT OF OBJECTIVISM 22-2570926 Page Rart IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). PART II, SECTION B, LINE 10: MISCELLANEOUS INCOME

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Employer identification number 22-2570926

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
	Impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histor	ically important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	- ·-	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per	_	Yes No
_	violations, and enforcement of the conservation easements r		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7 8	Amount of expenses incurred in monitoring, inspecting, and		
0	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section from	Yes No
9	In Part XIV, describe how the organization reports conservati	ion essements in its revenue and expense st	•
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion 5 interior statements that describes the	organization's accounting to
Pai	Will Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	er Similar Assets.
L Common	Complete if the organization answered "Yes" to Form	•	
1a	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art.
	historical treasures, or other similar assets held for public ext	• • •	•
	the text of the footnote to its financial statements that descri		
ь	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	relating to these items:		3
	(i) Developed the first Company (iii) In a 4		> \$
			▶ \$
2	If the organization received or held works of art, historical tre		aın, provide
	the following amounts required to be reported under SFAS 1	-	•
а	D		. • \$
	Assets included in Form 990, Part X		> \$

THE ADVANCEMENT OF OBJECTIVISM 22-2570926 Page 2 Schedule D (Form 990) 2010 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition X Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: **Amount** c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? ل Yes No b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (d) Three years back (a) Current year (b) Pnor year (c) Two years back 138,812. 148,231 1a Beginning of year balance 148,231 b Contributions -10,615. -794 c Net investment earnings, gains, and losses 7,409 d Grants or scholarships Other expenditures for facilities and programs 1,216 -2,930 Administrative expenses 138,812. 148,231 -125,267. g End of year balance Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment Permanent endowment ► 100.00 c Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by: X (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3ь Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings 121,123. 81,992. 39,131. c Leasehold improvements

210,597.

58,578.

Schedule D (Form 990) 2010

142,560.

264,205.

39,653.

68,037.

18,925

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)

Other

THE AYN RAND INSTITUTE, THE CENTER FOR 22-2570926 Page 3 THE ADVANCEMENT OF OBJECTIVISM Schedule D (Form 990) 2010 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (B) (C) (D) (E) (F) (G) (H) (1) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2)(3)(4) (5) (6) (7) (8) (9) (10)Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value DEPOSITS AND OTHER ASSETS 85,619. BENEFICIAL INTEREST IN INSURANCE POLICY 527,471. INVESTMENTS - SPLIT-INTEREST AGREEMENTS 2,146,793. (3)(4) (5) (6) (7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) 2,759,883. Rart X Other Liabilities. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount	
(1) Fede	eral income taxes		
(2) GI	FT ANNUITY OBLIGATION	2,015,593.	
(3)			
(4)			
(5)			1
(6)			•
(7)			
(8)			
(9)			
(10)			
(11)			
Total (Colur	nn (b) must equal Form 990, Part X, col (B)	line 25) \(\bigs\) \(\bigs\) \(\bigs\) \(\bigs\) \(\bigs\) \(2.015.593.)	* *****

1 oran (Column (a) most equal rorm 990, Fart X, Col (B) fine 25.)

Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's mability for uncertain tax positions under 25. Fin 48 (ASC 740)

032053 12-20-10

22-2570926 Page 4 THE ADVANCEMENT OF OBJECTIVISM Schedule D (Form 990) 2010 Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 8,519,542. Total revenue (Form 990, Part VIII, column (A), line 12) 8,561,224. 2 2 Total expenses (Form 990, Part IX, column (A), line 25) -41,682.3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 -63,764. 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 6 Investment expenses Prior period adjustments 7 Other (Describe in Part XIV.) 8 8 -63,764. Total adjustments (net). Add lines 4 through 8 9 9 -105,446. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 8,455,778. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 -63,764 2a_ a Net unrealized gains on investments b Donated services and use of facilities 2b c Recovenes of prior year grants 2¢ d Other (Describe in Part XIV.) 2d -63,764. e Add lines 2a through 2d 2e 8,519,542. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4h **b** Other (Describe in Part XIV.) c Add lines 4a and 4b 4c 8,519,542. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return $8,561,\overline{224}$ Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Pnor year adjustments 2b c Other losses 2c d Other (Describe in Part XIV.) 2d e Add lines 2a through 2d 2e 8,561, 224. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b **b** Other (Describe in Part XIV.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 8,561 Part XIV Supplemental Information Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART III, LINE 1A: THE INSTITUTE HAS COLLECTIONS THAT ARE HOUSED IN THE AYN RAND ARCHIVES, A SPECIAL COLLECTION OF THE AYN RAND INSTITUTE, WHICH INCLUDE AYN RAND PAPERS AS WELL AS OTHER ARTIFACTS OF HISTORICAL SIGNIFICANCE AND WORKS OF ARTS. IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, THESE ITEMS ARE NOT CAPITALIZED ON THE FINANCIAL STATEMENTS.

PART III, LINE 4: THE AYN RAND ARCHIVES CONSIST OF TWO MAJOR HOLDINGS:

Part XIV Supplemental Information (continued)

THE AYN RAND PAPERS AND THE SPECIAL COLLECTIONS.

THE AYN RAND PAPERS COMPRISES THE PERSONAL PAPERS AND EFFECTS LEFT BY AYN RAND AT HER DEATH IN 1982. THIS COLLECTION INCLUDES MANUSCRIPTS, NOTES AND OUTLINES, BUSINESS AND PERSONAL CORRESPONDENCE, PHILOSOPHIC JOURNALS, RESEARCH FILES, MARGINALIA, CLIPPINGS, PHOTOGRAPHS, CALENDARS, ADDRESS BOOKS, PHONOGRAPH RECORDS, MEMORABILIA, AND RECORDED INTERVIEWS AND SPEECHES. ALSO INCLUDED IS MICROFILM OF THE AYN RAND PAPERS AT THE LIBRARY OF CONGRESS. THESE PAPERS ARE DRAFTS, TYPESCRIPTS AND GALLEYS OF HER NOVELLA, ANTHEM, AND HER THREE NOVELS, WE THE LIVING, THE FOUNTAINHEAD, AND ATLAS SHRUGGED, PLUS SOME ADMINISTRATIVE MATERIAL.

THE SPECIAL COLLECTIONS IS AN ONGOING COLLECTION OF AYN RAND-RELATED MATERIAL ACQUIRED SINCE HER DEATH. IT INCLUDES RECORDINGS OF AYN RAND'S RADIO PROGRAMS, LECTURES AND INTERVIEWS, ORAL HISTORY INTERVIEWS, RUSSIAN ACADEMIC AND LEGAL DOCUMENTS, TRANSLATIONS OF HER WORK, BIOGRAPHICAL AND PHILOSOPHICAL ARTICLES ABOUT AYN RAND, REVIEWS AND PRESS MENTIONS, SCREENPLAYS, CORRESPONDENCE, OBJECTIVIST PERIODICALS, AND MATERIALS FROM OBJECTIVIST ORGANIZATIONS.

THE MISSION OF THE AYN RAND ARCHIVES IS TO ACQUIRE, PRESERVE AND MAKE AVAILABLE AYN RAND'S REMAINING PAPERS AND RELATED DOCUMENTS TO SERIOUS SCHOLARS AND GENERAL WRITERS. BY ACQUIRING HOLDINGS, CONDUCTING RESEARCH AND PROVIDING ACCESS, THE ARCHIVES PRESERVES AND MAKES AVAILABLE THE PHYSICAL EVIDENCE OF AYN RAND'S ACHIEVEMENT AND INFLUENCE.

PART V, LINE 4: THE ORGANIZATION INTENDS TO USE THE ENDOWMENT FUNDS FOR GRANTS AND SCHOLARSHIPS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization THE AYN RAND INSTITUTE, THE CENTER FOR

22-2570926

THE ADVANCEMENT OF OBJECTIVISM

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the X Yes No grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (1	(b) Number of	(c) Number of	an be duplicated if additional space is (d) Activities conducted in region		(6) Takal
(a) region	offices	`employees,	(by type) (e.g., fundraising, program	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	agents, and independent	services, investments, grants to	describe specific type	for and
		contractors	recipients located in the region)	of service(s) in region	Investments In region
		in region			integion
EAST ASIA AND THE					
PACIFIC	0	0	GRANTS		2,000
EUROPE	0	0	GRANTS		4,000
NORTH AMERICA	0	0	GRANTS		11,000
				SENDING AGENTS OF THE	22,000
				ORGANIZATION TO ATTEND	
CENTRAL AMERICA AND				AND SPEAK AT SEMINARS	
THE CARIBBEAN	0	0	PROGRAM SERVICES	AND CONFERENCES.	6,000
				SENDING AGENTS OF THE	
	[ORGANIZATION TO ATTEND	
EAST ASIA AND THE				AND SPEAK AT SEMINARS	
PACIFIC	o	0	PROGRAM SERVICE	AND CONFERENCES.	4,000
				SENDING AGENTS OF THE	
				ORGANIZATION TO ATTEND	
				AND SPEAK AT SEMINARS	
EUROPE	0	0	PROGRAM SERVICE	AND CONFERENCES.	3,000
NORTH AMERICA	0	0		SPONSORING UNIVERSITY TALKS	1,000
		·			
3 a Sub-total	0	0		7-7-2-1	31,000.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a				STATE OF THE STATE	
and 3b)	o	0	被 系统的第三人称单数		31,000.

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

Schedule F (Form 990) 2010

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Part II can be duplicated if additional space is needed.

Page 2

22-2570926

22-2570926	zations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any	e than \$5,000
ANCEMENT OF OBJECTIVISM	tside the United States.	Check this box if no one recipient received more than \$5,000
9	ies Ou	if no oi
ADVANCEMENT	Organizations or Entit	\$5,000. Check this box
THE	nce to	e than
Schedule F (Form 990) 2010	[*] Grants and Other Assistance to Organiz	recipient who received more than \$5,000. C
Schedule	Partil	

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(l) Method of valuation (book, FMV, appraisal, other)
	* .							
	1*	:						
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	i Ž,							
	» 8							
	*							
1000								
	126x 1						:	
	A STATE OF THE STA				٠			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	,	,						
2 Enter total number of returned the IBS, or for which the	recipient organization	Enter total number of recipient organizations listed above that are the IRS, or for which the grantee or counsel has provided a section	recognized as charties by the foreign country, recognized as tax-exempt by a folicitist an invalency letter	foreign country,	recognized as tax-e:	xempt by		

3 Enter total number of other organizations or entitles

Schedule F (Form 990) 2010

22-2570926

THE AYN RAND INSTITUTE, THE CENTER FOR

THE ADVANCEMENT OF OBJECTIVISM

Schedule F (Form 990) 2010

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

Part III can be duplicated if additional space is needed

Part III can be duplicated if additional space is needed.	additional space is needer	ö					•
(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)
	BAST ASIA AND THE						
ESSAY CONTEST PRIZE	PACIFIC	2	1,775.	CASH PAYMENT	0.		
ESSAY CONTEST PRIZE	RUROPE	m	150.5	150. CASH PAYMENT	o		
ESSAY CONTEST PRIZE	NORTH AMERICA	61	10,970.	CASH PAYMENT	0		
ESSAY CONTEST PRIZE	SOUTH AMERICA	н	5.05	CASH PAYMENT	.0		
PHONE SCHOLARSHIP	CENTRAL AMERICA AND THE CARIBBEAN		119.0	CASH PAYMENT	0		
PHONE SCHOLARSHIP	EUROPE	п	19.0	саsн рахмеnt	0		
PHONE SCHOLARSHIP	MIDDLE EAST AND NORTH AFRICA	2	3,6,6	CASH PAYMENT	.0		
PHONE SCHOLARSHIP	SOUTH ASIA	r.	14.0	CASH PAYMENT	.0		
SCHOLARSHIP	BUROPB	н	3,486.5	3,486.CASH PAYMENT	.0		
						Schedu	Schedule F (Form 990) 2010

THE ADVANCEMENT OF OBJECTIVISM 22-2570926 Page 4 Schedule F (Form 990) 2010 Part IV Foreign Forms 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 Yes X No Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With Yes X No a U.S Owner (see Instructions for Forms 3520 and 3520-A) 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 Yes X No Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Yes X No Instructions for Form 8621) 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

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Foreign Partnerships (see Instructions for Form 8865)

for Form 5713)

Schedule F (Form 990) 2010

Yes X No

Yes X No.

22-2570926 THE ADVANCEMENT OF OBJECTIVISM Page 5 Schedule,F (Form 990) 2010 Part V | Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. SCHEDULE F, PART I, LINE 2: PROCEDURES VARY DEPENDING ON THE TYPE OF GRANT. SCHOLARSHIP AND ESSAY CONTEST PRIZES DO NOT REQUIRE MONITORING, AS THERE ARE NO ONGOING CONDITIONS AFTER THE SCHOLARSHIP/PRIZE IS AWARDED.

Schedule F (Form 990) 2010

032075 12-20-10

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-FZ. See separate instructions.

2010

Open To Public Inspection

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

THE AYN RAND INSTITUTE, THE CENTER FOR

THE ADVANCEMENT OF OBJECTIVISM

Employer identification number 22-2570926

Part I Fundraising Activities. required to complete this part	Complete if the organization answi i.	ered "\	es" to	o Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicita f Solicita g Special r oral agreement with any individua	tion of tion of fundra	non-g gover using -	overnment grants nment grants events fficers, directors, tru	stees or	. □ No
b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the		uant to	agre	ements under which	the fundraiser is to	be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribi	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	,	Yes	No			
						<u> </u>
Total	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
or licensing.						
				· ·		· · · · · · · · · · · · · · · · · · ·
						.
					· · · · · · -	
						
· · · · · · · · · · · · · · · · · · ·						

THE AYN RAND INSTITUTE, THE CENTER FOR 22-2570926 Page 2 THE ADVANCEMENT OF OBJECTIVISM Schedule G (Form 990 or 990-EZ) 2010 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events ATLAS NONE (add col (a) through SHRUGGED col. (c)) (event type) (event type) (total number) 525,800. 525,800. Gross receipts 456,267. 456,267. 2 Less: Charitable contributions 69,533 69,533. 3 Gross income (line 1 minus line 2) 4 Cash prizes 40,800. 40,800. Noncash prizes Direct Expenses Rent/facility costs 28,733. 28,733 Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 6 Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d)

	Net gaming income summary. Combine line 1, column d, and line 7	<u> </u>		
	Enter the state(s) in which the organization operates gaming activities:	<u> </u>	Yes	No
	Is the organization licensed to operate gaming activities in each of these states? If "No," explain:			NO
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:		Yes	□ No
200	22 01.19.11	Schedule G (For	m 990 or 990	

Sch	ledule,G (Form 990 or 990-EZ) 2010 THE ADVANCEMENT OF OBJECTIVISM 222	2370320	Page 3_
11	Does the organization operate gaming activities with nonmembers?	L Yes	L No
12,	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
• •	Cito, ale hane and access of the person time properties the organization of games ground and control a		
	Name >		
	Name		
	Address >		
	Address >		
46.	Deep the average team have a contract with a third party from whom the average receiving coming revenue?	Yes	□ No
ıba	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	163	140
	tense a la l		
D	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided	· · · · · · · · · · · · · · · · · · ·	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (V), and	Part III.
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informat	• • • • •	•
_			
_			
	<u></u>		
			

CHEDULE 1		Grants and Governments	Grants and Other Assistance to Organizations, 3overnments, and Individuals in the United States	to Organizations in the United Stat	es		2010
spartment of the Treasury ternal Revenue Service	Comple	Complete if the organization	organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	to Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection
e organization THE	AYN RAND INSTITUTE ADVANCEMENT OF OBJ	, THE ECTIVI	CENTER FOR				Employer identification number 22-2570926
Rartis General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	stance?	1	ender of the state	50,000			X Yes
Lescribe in rair iv the organization's procedures for informating the use of grant united in the organization answered "Yes" to Form 990, Part IV, line 21, for any grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Oring the use of graffit	United States, Co	omplete if the orga	Inization answered "\	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Check this	box if no one recipien	t received more tha	an \$5,000. Part II	can be duplicated if	additional space is nee	☐ ♠ pep
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USTIN SHAKESPEARE							
01 TILLERY ST. #9	,		,	,			STAGE PRODUCTION OF AYN
USTIN, TX 78702	74-2420367		9,000.	0.			RAND'S ANTHEM
NAD UNIVERSE LLC 0573 W. PICO BLVD #156							COMPLETION & MARKETING OF A DOCUMENTARY FILM ABOUT
OS ANGELES, CA 90064	27-4421457		215,000.	0.			AYN RAND'S ATLAS SHRUGGED
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	and government or	ganizations			T. (1)		
1 -	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2010)

22-2570926

Page 2

THE ADVANCEMENT OF OBJECTIVISM

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule 1 (Form 990) (2010)

(f) Description of non-cash assistance CODGING AT SUMMER CONFERENCE LPAD WITH AYN RAND WORKS (e) Method of valuation (book, FMV, appraisal, other) ARE NO ONGOING CONDITIONS AFTER THE SCHOLARSHIP/PRIZE IS AWARDED. LONG-TERM SCHEDULE I, PART I, LINE 2: PROCEDURES VARY DEPENDING ON THE TYPE OF GRANT. PARTIVE Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHOLARSHIPS AND ESSAY CONTEST PRIZES DO NOT REQUIRE MONITORING, AS THERE GRANTS SUCH AS DISSERTATION GRANTS AND BOOK GRANTS ARE REVIEWED AT LEAST GRANTEES ARE REQUIRED TO SUBMIT FRV 806. PMV 0 0. (d) Amount of non-cash assistance 4 000. TYPICALLY ON A QUARTERLY BASIS. 6,000. ٥. 11,000, 92,330. (c) Amount of cash grant 626 (b) Number of recipients DEPENDING ON THE GRANT TERMS. (a) Type of grant or assistance REGULAR PROGRESS REPORTS, GRAD SCHOOL APPLICATION GRANT CONFERENCE SCHOLARSHIPS VIDEO CONTEST PRIZES ESSAY CONTEST PRIZES DISSERTATION GRANT ANNUALLY,

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

22-2570926

	Par
	(Form 990).
ΣM	Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part
THE ADVANCEMENT OF OBJECTIVISM	ed States (
OBJE	n the Unit
NT OF	ividuals ir
CEME	ce to Indi
ADVA	Grants and Other Assistance to Individuals in the United
THE	nd Other
	Grants a
(066	uation of
e I (Form	Contin
Schedu	Part III

Schedule I (Form 990) THE ADVANCEMENT OF USE CLITIVISM Deat III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 900)) Bart III.)	DE UBUE	CTTVISM	1 (Form 990) Part !!		22-25/0926 . Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
INTERN GRANT	20.	23,400.	.0		
PHONE SCHOLARSHIPS	23.	438.	0.		
SCHOLARSHIP	15.	43,839.	.0		
TRAVEL GRANT	21.	10,220.	.0		
		:			
					Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

THE AYN RAND INSTITUTE, THE CENTER FOR

Employer identification number 22-2570926 THE ADVANCEMENT OF OBJECTIVISM

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		·	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b]	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract	` `	,	
	Independent compensation consultant X Compensation survey or study	,	, ,	
	X Approval by the board or compensation committee		1.3	
	J	î,	 	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	1.		
	organization or a related organization:	•	ĺ	
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	•		,
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		4)	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	87 6		
	contingent on the revenues of:	*	X	
а	The organization?	5a		
b	Any related organization?	5b	Х	
	If "Yes" to line 5a or 5b, describe in Part III.	بانچ. با	A S	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	, 25	C \$ 6	-
	contingent on the net earnings of:	, ^		
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	,	,	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

THE ADVANCEMENT OF OBJECTIVISM

Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii): Partill officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(a)	(E)	(F)
					Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(i)·(D)	reported in prior Form 990 or
			compensation	compensation				Form 990-EZ
	€	251,46	200,000.	0	3,000.	18,145.	472,610.	0
1 YARON BROOK	(III)			0		0.		0.
	(1)	209,71	130,000.	0	3,000.	0.	342,719.	0.
2 MARK CHAPMAN	(11)		0.	0				0.
	(i)	106,96	36,000.	0	3,000.	21,782.	167,750.	0.
3 JULIE FERGUSON	(II)		0.	0		0		0.
	€	117,	.000,33	0	3,000.	11,33	187,115.	0.
4 DEBI GHATE	▣	ľ			- 1		4	0.
	Ξ	116,	23,000.	15	3,000.	8,116.	151,163.	0
5 ANU SEPPALA	▣		- 1		0			0
	E	120,55	18,790.		0	11,146.	150,489.	0
6 LIN ZINSER	(III)	0	0	0	0	• 0	0.	0.
	(3)				:			
7	▤							
	Ξ							
8	<u> </u>							
	(1)							
6	<u>(ii)</u>							
	(1)							
10	<u>(ii)</u>							
	Ξ							
11	▣		i					
	Ξ							
12	(ii)							
	Ξ							
13	(1)							
	Ξ							
14	(1)							
	ε							
15	8							
	€							
16								

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010 THE Part III | Supplemental Information

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

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► 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. ► See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Employer identification number THE AYN RAND INSTITUTE, THE CENTER FOR Name of the organization 22-2570926 THE ADVANCEMENT OF OBJECTIVISM Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (b) Description of transaction (a) Name of disqualified person Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 EZ, Part V, line 38a f) Approved (g) Written (b) Loan to or from (c) Original principal (a) Name of interested (d) Balance due by board or default? the organization? amount agreement? person and purpose committee? Yes No Yes No Yes No To From Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and (a) Name of interested person (c) Amount and type of the organization assistance LEO MAYHEW SON OF ROBERT MAYHEW, DIRECTOR INTERNSHIP GRANT 1 SON OF ROBERT MAYHEW, DIRECTOR TRAVEL GRANT 500. LEO MAYHEW

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

Schedule L (Form 990 or 990-EZ) 2010

SEE PART V FOR CONTINUATIONS

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

22-2570926

Page 2 Schedule L (Form 990 or 990-EZ) 2010 Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (b) Relationship between interested (d) Description of (a) Name of interested person organization's transaction transaction person and the organization revenues? Yes No 0. OFFICER OF ANTHEM F X YARON BROOK X OFFICER OF ANTHEM F 0. DEBI GHATE OFFICER OF ARI CANA 0. X ANU SEPPALA Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS: (A) NAME OF PERSON: LEO MAYHEW RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SON OF ROBERT MAYHEW, DIRECTOR OF ANTHEM FOUNDATION (SUPPORTING ORG.) (C) AMOUNT OF GRANT \$ 1,200. TYPE OF ASSISTANCE: INTERNSHIP GRANT (A) NAME OF PERSON: LEO MAYHEW (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SON OF ROBERT MAYHEW, DIRECTOR OF ANTHEM FOUNDATION (SUPPORTING ORG.) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: YARON BROOK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: OFFICER OF ANTHEM FOUNDATION AND ARI CANADA (A) NAME OF PERSON: DEBI GHATE RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: OFFICER OF ANTHEM FOUNDATION

THE AYN RAND INSTITUTE, THE CENTER FOR

Schedule L (Form 990 or 990 EZ) 2010 THE ADVANCEMENT OF OBJECTIVISM	22-2570926 Page 2
Part V Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule L (see instruc-	tions).
(A) NAME OF PERSON: ANU SEPPALA	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION	<u></u>
OFFICER OF ARI CANADA	
·	
· · · · · · · · · · · · · · · · · · ·	
·	
<u> </u>	

SCHEQULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Employer identification number 22-2570926

Pai	TI Types of Property					
		(a)	(b) Number of	(c) Noncash contribution	(d) Method of de	
		Check if applicable	contributions or	amounts reported on	noncash contribi	
		арриодыо		Form 990, Part VIII, line 1g		
1	Art - Works of art					
2	Art - Historical treasures					<u></u>
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	10	166,423.	FMV	
10	Securities - Closely held stock				<u></u> .	
11	Securities - Partnership, LLC, or		ļ			
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential				ļ	
16	Real estate - Commercial					
17	Real estate - Other		ļ	70.000	A LICETON DDG	CDDDG
18	Collectibles	Х		72,800.	AUCTION PRO	CEEDS
19	Food inventory .		ļ			
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts	х	1	6,428.	DONOR-DECLA	DED
25	Other (SOFTWARE LICE) Other (COMPUTER EQUI)	X	$\frac{1}{2}$		DONOR-DECLA	
26				410.	DONOR DECEM	MED_
27	Other ()					••
28	Other () Number of Forms 8283 received by the organi	zation di inn	a the tay year for a	entrhutions	<u> </u>	· ·
29	for which the organization completed Form 82					2
	for which the organization completed Form 62	oo, rait iv,	DOLLES YCKI IOMISO	gernent [23]		Yes No
30-2	During the year, did the organization receive b	v contributi	on any property re	norted in Part I lines 1-28 th	at it must hold for	Tes No
Jua	at least three years from the date of the initial					
	the entire holding period?	CONTRIBUTION	, and which is not	required to be deed for exer	inpr purpocou ioi	30a X
h	If "Yes," describe the arrangement in Part II.	•	•	• • •	•	1 7, 2
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	utions?	31 X
	Does the organization hire or use third parties					
	- a ménitro di anno O	J. 70.0.104 0				32a X
b	If "Yes," describe in Part II.	•••			•	
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is cl	necked.	
	describe in Port II	(9)		, ,, ,,, ,,, ,, ,,,,,,,,,,,,,,,,,,,,,,,	= = •	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Employer identification number 22-2570926

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTELLECTUALS TO TEACH HER PHILOSOPHY OF OBJECTIVISM.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO PURSUE THEIR OWN HAPPINESS.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
DEVELOPMENT. THE AYN RAND CAMPUS IS AN ONLINE EDUCATION WEBSITE THAT
WILL OFFER COURSES FROM BEGINNER TO ADVANCED LEVELS ON AYN RAND'S
FICTION WORKS AND ON HER PHILOSOPHY AND ITS APPLICATION. THE COURSES
WILL BE LARGELY FREE AND OPEN TO ANYONE INTERESTED IN AYN RAND'S IDEAS.
EXPECTED BETA LAUNCH IS IN JANUARY 2012.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE REMAINING THREE PROGRAM ACTIVITIES ARE POLICY, BOOKSTORE, AND
CONFERENCES.
THE WRITING OF THE POLICY GROUP HAS APPEARED IN FORBES.COM, CNN.COM,
FOXNEWS.COM, CHRISTIAN SCIENCE MONITOR, INVESTOR'S BUSINESS DAILY, AND
BUSINESS WEEK (AMONG OTHERS). THIS YEAR ALSO SAW THE COMPLETION OF A
NEW BOOK BY YARON BROOK AND DON WATKINS ON FREE MARKETS, TO BE
PUBLISHED IN 2012. ARI'S REPRESENTATIVES APPEARED IN TELEVISION, RADIO,
PRINT, AND ONLINE INTERVIEWS. THEY ALSO GAVE SPEECHES AT UNIVERSITY
CAMPUSES AND NOTABLE FORUMS NATIONWIDE, AND CONVENED A SYMPOSIUM,
FEATURING PROMINENT EXPERTS AND COMMENTATORS, ON AMERICA'S POST-9/11
FOREIGN POLICY.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

FORM 990, PART VI, SECTION C, LINE 19: PROVIDED UPON REQUEST.

Sched	lule O (Form 990 or 9	90-EZ) (2	2010)								Page 2
Name	dule Q (Form 990 or 9 of the organization	THE THE	AYN ADV	RAN MCE	D INSTIT MENT OF	UTE, THOSE OBJECT:	HE CENT	rer fo)R	Employer id 22 - 2	dentification number 570926
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 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships THE AYN RAND INSTITUTE, THE CENTER FOR Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2010 Open to Public OMB No 1545-0047

Employer identification number 22-2570926

THE ADVANCEMENT OF OBJECTIVISM

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Direct controlling entity End-of-year assets <u>e</u> Total income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

,							
(a)	(p)	(0)	(p)	(e)	(u)	(9)	, A-7-0
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	control	(C) Y(1)
of related organization		foreign country)	section	status (if section	entity	entity	2
		•		501(c)(3))		Yes	S N
ANTHEM FOUNDATION FOR OBJECTIVIST							
SCHOLARSHIP - 91-2145352, 2121 ALTON	· ·						
PARKWAY, SUITE 225, IRVINE, CA 92606	EDUCATION GRANTS	CALIFORNIA	501(C)(3)	LINE 11A, I N/A	N/A		×
	· · · · · · ·						

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

Schedule R (Form 990) 2010

THE AYN RAND INSTITUTE, THE CENTER FOR

THE ADVANCEMENT OF OBJECTIVISM

Schedule R (Form 990) 2010

Part III

Page 2

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(state or county) (state or cou	(a) Name, address, and EIN	(b) Primary activity	(c)	(a) Direct controlling	(e) Predominant income	(1) Share of total	(g) Share of	(n) Disproportion-	(i) Code V-UBi	(J) General or	(J) (K) General or Percentage
Sections 512-514) Yes No K-1 (Form 1065)	lated organization		(state or	entity	(related, unrelated, excluded from tax under		end-of-year	ate allocations	amount in box	managing partner?	ownership
			country)		sections 512-514)		2000		K-1 (Form 1065)	YesNo	
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(a)	(p)	(၁)	(Q)	(e)	()		3
Name, address, and EIN of related organization	Pnmary activity	Legal domicile (state or foreign country)	Legal domicile Direct controlling Type of entity (C corp., S corp., foreign country)	Type of entity (C corp, S corp, or trust)	Share of total p, income	Share of end-of-year assets	Percentage ownership

	-						

Schedule R (Form 990) 2010

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THE AYN RAND INSTITUTE, THE CENTER FOR Schedule R (Form 990) 2010 THE ADVANCEMENT OF OBJECTIVISM

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	9 N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more ri	elated organizations listed	in Parts II·IV?			· · ·
a Receipt of (i) interest (ii) annuities (iii) royatties or (iv) rent from a controlled entity				1 a	×	
b Gift, grant, or capital contribution to other organization(s)				\$		×
c Gift, grant, or capital contribution from other organization(s)				†		×
d Loans or loan guarantees to or for other organization(s)				1d		×
				1	×	
f Sale of assets to other organization(s)				=	×	ŀ
g Purchase of assets from other organization(s)				-E		<u>~</u>
h Exchange of assets				ŧ		×
I Lease of facilities, equipment, or other assets to other organization(s)				; =	+	×
Lease of facilities, equipment, or other assets from other organization(s)				1j	+	×
	nization(s)			¥ :	×	,
 Performance of services or membership or fundraising solicitations by other organization(s) M. Sharbo of facilities, equipment, mailing lists, or other assets 	nzation(s)			=	+	√ ×
				£	×	
 Reimbursement paid to other organization for expenses 				우		×
				욘	×	
q Other transfer of cash or property to other organization(s)				5 5	×	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	nis line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		!	
(1) ANTHEM FOUNDATION	A	1,689.				
(2) ANTHEM FOUNDATION	A	2,700.				1
(3) ANTHEM FOUNDATION	E	100,000.				
(4)						
(5)						
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22-2570926

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(q)	(0)	(g)	(e)	E	(6)	Ξ	_
Name, address, and EIN	Prima	nicile	Are all partners	Share		Code V:UBI		a or
of entity		_	section 501(c)(3) organizations?		tionate affocations?	amount in box 20	managing partner?	ar?
		country)	Yes No		Yes No	(Form 1065)	ı - I	£
		:						
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