**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 2006

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For	he 2006 calendar year, or tax year beginning $10/01$	, 2006, a	and ending	g 9/30			2007	
В	Check	of applicable C				D Emp	loyer Identif	fication Number	
		ddress change   Please use   THE AYN RAND INSTITUTE	, THE CENTER	R FOR		22	-25709	926	
	$\mathbf{H}$	or print THE ADVANCEMENT OF OBJ	ECTIVISM				phone numb		
	$\vdash$	See 2121 ALTON PARKWAY #25	0			94	9-222-	-6550	
	$\vdash$	instruc.   IRVINE, CA 92000					ounting nod.		<del>7</del>
	$\vdash$	nal return tions.				r meth			Accrual
	$H^{\prime}$	mended return	<del></del>				Other (speci		
	LJA	pplication pending • Section 501(c)(3) organizations and 4947(	a)(1) nonexempt	1	l are not applic				-
		charitable trusts must attach a completed (Form 990 or 990-EZ).	Schedule A		ls this a grou			Yes	X No
_	14/ala	site: WWW.AYNRAND.ORG			If 'Yes,' enter			* _	_
<u>G</u>	web	Site: - WWW.ATINAAND.ORG	<del> </del>	H (c)	Are all affiliat			Yes	∐_ No
J		nization type	J (	l	(If 'No,' attac			•	
	<del></del>	ck only one) ► X 501(c) 3 ◄ (insert no)			Is this a sepa				_
K		k here 🟲 🔲 if the organization is not a 509(a)(3) supporting (			organization (	covered by	/ a group ru	ling? Yes	X No
	gros	s receipts are normally <b>not</b> more than \$25,000. A return is no nization chooses to file a return, be sure to file a complete re	t required, but if th	ne I	Group Exe			<u> </u>	
	urya		:turri	м				on is <mark>not</mark> require	
		s receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ► 6, 64				-		990-EZ, or 990-P	'F)
P	art	Revenue, Expenses, and Changes in Net As	sets or Fund B	Balances	(See the	e instr	uctions	.)	
	1	Contributions, gifts, grants, and similar amounts received							-
	a	Contributions to donor advised funds	1	1a			1		
		Direct public support (not included on line 1a)		1b	6,565,	466			
		Indirect public support (not included on line 1a)	-	1 c	0,505,	400.			
		· · · · · · · · · · · · · · · · · · ·	-				1		
	6	Government contributions (grants) (not included on line 1a)	1 000 646	1 d					
		Total (add lines 1 a through 1d) (cash \$ 4,726,820. noncash \$	1,838,646.	′			1 e	6,565	
	2	Program service revenue including government fees and co	ntracts (from Part \	VII, line 93	3)		2	64	<u>,212.</u>
	3	Membership dues and assessments					3		
88	4	Interest on savings and temporary cash investments					4		
2008	5	Dividends and interest from securities		5	1	,447.			
88	6 a	Gross rents		6a					
8	ь	Less. rental expenses		6Ь					
		Net rental income or (loss). Subtract line 6b from line 6a	•				6 c		
FEB	7	Other investment income (describe					7		
LL R	1	•	(A) Securities		(B) Other	/			
ED E	8a	Gross amount from sales of assets other	A) Securities	<del></del>	(b) Other				
빌		than inventory		8a 8b					
<b>Z</b> E	1	Less. cost or other basis and sales expenses							
SCANNED	C	Gain or (loss) (attach schedule)		8c					
Ç	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			_	, [	8 d		
ഗ	9	Special events and activities (attach schedule) If any amount	nt is from <b>gaming,</b> i	check her	e <b>►</b>				
	a	Gross revenue (not including \$	of contributions						
	[	reported on line 1b).		9a					
	b	Less, direct expenses other than fundraising expenses	ŀ	9 b			.		
	C	Net income or (loss) from special events. Subtract line 9b from	om line 9a				9 c		
	10a	Gross sales of inventory, less returns and allowances		10a					
	b	Less, cost of goods sold		10b					
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line	10b from line 10a				10 c		
	11	Other revenue (from Part VII, line 103)		* () / (F (*)		Ī	11	16.	190.
	12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, an	di RECE	ニマピし	)	}	12	6,647,	
-	13	Program services (from line 44, column (B))	· · · · · · · · · · · · · · · · · · ·		<del>~_ ;; </del>		13		
E	۔ ا		9 FEB 1	• 2008	080	-		4,778,	
EXPENSES	14	Management and general (from line 44, column (C))	9 LER I	3 KUU0	IWI		14		517.
Ņ	15	Fundraising (from line 44, column (D))	<b>L</b>		기쯦		15	654,	426.
E	16	Payments to affiliates (attach schedule).	OGDE	N H	₹	Ļ	16		
S	17	Total expenses. Add lines 16 and 44, column (A)		.1∀, U	1		17	5,866,	
,	18	Excess or (deficit) for the year. Subtract line 17 from line 12	L	18	780,	352.			
N S	19	Net assets or fund balances at beginning of year (from line 7		19	967,	455.			
N S E E	20	Other changes in net assets or fund balances (attach explan	ation) . SEI	E STAT	EMENT 1	ſ	20		236.
Ś	21	Net assets or fund balances at end of year. Combine lines 1	•			Ī	21	1,748,	
BA		Privacy Act and Paperwork Reduction Act Notice, see the se	<del>-, </del>	s. 0 17	OA TE	EA01091	01/22/07	Form 990	
_,		,	,	711	-20				(_000)
				$\mathbf{v}$ .					- /

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

	Do not include amounts reported on line	Ì	(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.	+		services	and general	
22 8	a Grants paid from donor advised funds (attach sch)					
	(cash \$					
	non-cash \$)					
	If this amount includes	22.				
221	foreign grants, check here  Other grants and allocations (att sch)	22 a			1	
22.	(cash \$				1	
	non-cash \$)				1	
	If this amount includes	22.				
	foreign grants, check here	22 b				
23	Specific assistance to individuals (attach schedule)	23				
	Benefits paid to or for members (attach schedule)	24				
25 a	a Compensation of current officers, directors, key employees, etc listed in					
	Part V-A (atľach sch)	25 a	604,459.	396,332.	141,244.	66,883.
ŀ	Compensation of former officers, directors, key employees, etc listed in					
	Part V-B (attach sch)	25 b	88,491.	29,497.	29,497.	29,497.
•	: Compensation and other distributions, not included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B) (attach schedule)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26	1,619,808.	1,311,597.	75,301.	232,910.
27			, , , , , , , , , , , , , , , , , , , ,		, , , , , ,	
	included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				•
31	Accounting fees	31	35,134.		22,654.	12,480.
32	Legal fees	32				
33	Supplies	33	42,241.	34,166.	3,827.	4,248.
34	Telephone	34	16,141.	12,768.	1,845.	1,528.
	Postage and shipping	35	356,923.	336,326. 267,801.	3,253. 36,201.	17,344. 43,098.
36 27	Occupancy . Equipment rental and maintenance	36 37	347,100. 14,397.	11,462.	1,563.	1,372.
37 38	Printing and publications	38	332,256.	281,612.	63.	50,581.
39	Travel	39	143,956.	107,317.	2,695.	33,944.
40	Conferences, conventions, and meetings	40	26,693.	17,691.	4,185.	4,817.
41	Interest	41			-, -, -, -, -, -, -, -, -, -, -, -, -, -	- /
42	Depreciation, depletion, etc (attach schedule)	42	17,947.	14,277.	1,881.	1,789.
43	Other expenses not covered above (itemize)	_	2 221 417	1 057 174	110 200	152 025
	SEE STATEMENT 2	43a 43b	2,221,417.	1,957,174.	110,308.	153, 935.
t c		43b				
ď		43d				
e		43e				
f		43f				
g		43 g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	5,866,963.	4,778,020.	434,517.	654,426.
	Costs. Check ► I if you are following		3-2		<del></del>	
	ny joint costs from a combined educationa					►X Yes No
	s,' enter (i) the aggregate amount of these				nount allocated to Progra	
\$_ to Fu	164, 649.; (iii) the amount all ndraising \$ 31, 796	ocated	to Management and gen	eral \$	; and (iv) the	amount allocated
BAA		<del></del>	TEEA0102L 01	/23/07		Form <b>990</b> (2006)

# Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore,

please make sure the return i	is complete and accurate ar	nd fully describes, in Part III, the organization's programs and acc	complishments.
What is the organization's print All organizations must describe clients served, publications is izations and 4947(a)(1) nonex	mary exempt purpose? be their exempt purpose act sued, etc. Discuss achiever tempt charitable trusts must	SEE STATEMENT 3 heevements in a clear and concise manner. State the number of ments that are not measurable. (Section 501(c)(3) and (4) organialso enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a EDUCATION			
<b></b>	<b></b>		
	<del></del>		
(Grants and allocations	 \$	) If this amount includes foreign grants, check here	1,884,550.
b ACADEMIC PROGRA			
Grants and allocations		) If this amount includes foreign grants, check here ▶	021 406
c MEDIA	<u> </u>	) it this amount includes foreign grants, check here	921,406.
. TEDII			
(Grants and allocations	\$	) If this amount includes foreign grants, check here	313,607.
d ARCHIVES			
(Grants and allocations	\$	) If this amount includes foreign grants, check here ▶	349,077.
e Other program services		SEE STATEMENT 4	
(Grants and allocations	\$	) If this amount includes foreign grants, check here	1,309,380.
<del></del>	e Expenses (should equal li	ne 44, column (B), Program services)	4,778,020.
BAA			Form <b>990</b> (2006)

Form **990** (2006)

Balance Sheets (See the instructions.)

Where required, attached schedules and amounts within the description (A) (B) Beginning of year End of year column should be for end-of-year amounts only. 48,025 241,346. 45 Cash - non-interest-bearing 46 Savings and temporary cash investments 46 47 a 47 a Accounts receivable 47 b b Less, allowance for doubtful accounts 47 c 245,845 48a Pledges receivable 48 a 370,349 48 b 48 c 245,845. b Less. allowance for doubtful accounts Grants receivable 49 50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) 50 a b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 50b 51 a Other notes and loans receivable 51 a 1,172,578 (attach schedule) 1,042,103. 51 c 1,172,578. b Less, allowance for doubtful accounts 51 b 52 52 Inventories for sale or use 53 53 Prepaid expenses and deferred charges 54 a STMT 5 212,065 199,173. 54a Investments - publicly-traded securities XIFM∨ **FMV** 54b b Investments - other securities (attach sch) 55a Investments - land, buildings, & equipment basis 55 a b Less, accumulated depreciation 55 b 55 c (attach schedule) 1,170,811 56 1,570,875. Investments - other (attach schedule) 57 a 159,210 57a Land, buildings, and equipment, basis b Less accumulated depreciation STATEMENT 6 57 b 101,701 54,646 57 c 57,509. Other assets, including program-related investments 578,586 1,523,743. SEE STATEMENT 7 58 3,476,585. 5,011,069. 59 Total assets (must equal line 74). Add lines 45 through 58 59 Accounts payable and accrued expenses 1,162,657 60 442,454. 61 61 Grants payable 121,968. 61,466 62 Deferred revenue Loans from officers, directors, trustees, and key employees (attach schedule) 63 64a 64a Tax-exempt bond liabilities (attach schedule) 335,430 64b 522,745. **b** Mortgages and other notes payable (attach schedule) 949,577 1,175,859. SEE STATEMENT 8 65 Other liabilities (describe > 3,263,026. 509,130 Total liabilities. Add lines 60 through 65 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 571,468 1,248,860. Unrestricted 67 395,987. 499,183. 68 Temporarily restricted Permanently restricted 69 Organizations that do not follow SFAS 117, check here and complete lines 70 through 74. Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund Retained earnings, endowment, accumulated income, or other funds 72 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 1,748,043. 967,455 73 3,476,585 5,011,069. Total liabilities and net assets/fund balances. Add lines 66 and 73 74

P	art IV-A Reconciliation of Revenuinstructions.)	ue per Audited Financia	al Statements with	Revenue per Re	etu	rn (See the
а	Total revenue, gains, and other support	per audited financial stateme	nts.		a	6,647,315.
b	Amounts included on line a but not on P	art I, line 12				
	1 Net unrealized gains on investments		ь1			
	2Donated services and use of facilities		b2			
	3Recoveries of prior year grants		b3		Ī	
	4Other (specify):		1 1 4			
	Add lines <b>b1</b> through <b>b4</b>		<u>_b4</u>		ь	
С	Subtract line b from line a			ĺ	С	6,647,315.
d	Amounts included on Part I, line 12, but	not on line a:				
	1 Investment expenses not included on Pa	art I, line 6b	d1		- 1	
	2Other (specify).	<b></b>				
					- 1	
	Add lines d1 and d2	•			d	
e	Total revenue (Part I, line 12). Add lines			<u> </u>	_e	6,647,315.
P	art IV-B Reconciliation of Expens	ses per Audited Financ	ial Statements wit	h Expenses per	Re	turn
а	Total expenses and losses per audited for	inancial statements			a	5,866,963.
ь	Amounts included on line a but not on P					
_	1Donated services and use of facilities	G. ( ) ( ) ( ) ( )	.   ь1		1	
	2Prior year adjustments reported on Part	I. line 20	b2		- 1	
	3Losses reported on Part I, line 20	,	b3		1	
	4Other (specify).				-	
			1 4 4		1	
	Add lines <b>b1</b> through <b>b4</b>		<del> </del>		ь	
С	Subtract line b from line a				С	5,866,963.
d	Amounts included on Part I, line 17, but	not on line a:				
	1 Investment expenses not included on Pa	ırt I, line 6b	d1			
	2Other (specify).					
	Add lines d1 and d2		d2		d	
е	Total expenses (Part I, line 17). Add line	s c and d		<b>▶</b>	e	5,866,963.
P	Current Officers, Director or key employee at any time dur		imployees (List ead	h person who was ar	n off	
	or key employee at any time du	(B) Title and average hours	(C) Compensation	(D) Contributions t	0	(F) Expense
	(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred compensation plan	d	account and other allowances
				j de la periodica dela periodica della periodica della periodica della periodi		
				1		
<u>SE</u>	E STATEMENT 9		604,459.	20,127	7.	18,662.
	· <b>-</b>				İ	
_					-	
					$\forall$	
					ı	
					$\perp$	
				i		
		<u> </u>		<u></u>	$\perp$	
BA	A	TEEA0105L 0	1/18/07			Form 990 (2006)

22-2570926

Form 990 (2006) THE AYN RAND INSTITUTE, THE CENTER FOR

Part V-Al Current Officers, Directors, Trustees, and Key Employees (continued)   Yes   No   Tos Enter the total number of officers, directors, and flustees primited to vide on organization business as board meetings   B   B   Are any officers, directors, flustees, or key employees listed in Form 990, Part V-A, or highest compensated employees A, Part II-A or II-B, related to each other through family or business relationships   11-Yes   1	Form 990 (2006) THE AYN RAND INSTITUT	E, THE CENTER I	FOR	22-25709	26	F	age 6				
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part III-A or III-B, related to each other through family or business relationships? If Yes, 'attach a statement that identifies the individuals and explains the relationships' or the rel											
Insted in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, Ao III-B, related to each other through family or business relationships (II Yes, attach a statement that SEE STATEMENT 10 Tob any other of the profile of the contract of the profile of the contract of the profile of the contract of the profile of the program of the profile of th	· · · · · · · · · · · · · · · · · · ·										
c Do any officers, directors, trustees, or key employees Isted in form 990, Part V-A, or highest compensated amployees Isled on Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization or production of related organizations.  If 'Yes,' attach a statement that includes the information described in the instructions of Does the organization have a written conflict of interest policy?  Part V-B   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation in the appropriate column. See the instructions.)  (A) Name and address (B) Loans and (If not paid, enter -0.) plans and deferred compensation plans are deferred compensation plans.  Part VII Other Information (See the instructions.)  75 Did the organization make a change in its activ	listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that										
to the organization? See the instructions for the definition of 'related organization' I' Yes,' attach a statement that includes the information described in the instructions d Does the organization have a written conflict of interest policy?  Part V-B   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (in any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances  (B) Loans and Advances  (C) Compensation (f) in to paid, employee benefit plans and deferred compensation plans and deferred compensation plans.  RICHARD RALSTON  12.12 ALTON PARKWAY SUITE 250  IRVINE, CA 92606  DONNA MONTREZZA  0. 30,241. 1,200. 17.  17.  17.  17.  17.  17.  17.  17.	c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related										
d Does the organization have a written conflict of interest policy?    Part V.B.   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year follows:    (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	to the organization? See the instructions for th	e definition of 'related of	organization'	or taxable, that are related			X				
Part V-B   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (it any former officer, director, trustee, or key employee received compensation or other benefits (it any former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column. See  (A) Name and address   (B) Loans and Advances   (C) Compensation or other benefits in the appropriate column. See  (B) Loans and (B) Loans and (C) Compensation of the pensition of the plants and defendence account and other allowances   (E) Expense account and other plants and defendence account and o											
Benefits (It any former officer, director, frustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances  (B) Loans and Advances  (C) Compensation (In or paid, enter -0-)  (In or paid,			·								
(A) Name and address  (B) Loans and Advances  (Interpolar paid, enter -0-)  RICHARD RALSTON  2121 ALTON PARKWAY SUITE 250  IRVINE, CA 92606  DONNA MONTREZA  1 1, 200  17.  2121 ALTON PARKWAY SUITE 250  IRVINE, CA 92606  DONNA MONTREZBA  1 1, 200  17.  2121 ALTON PARKWAY SUITE 250  IRVINE, CA 92606  Park VI   Other Information (See the instructions.)  Part VI   Other Information (See the instructions.)  Part VI   Other Information (See the instructions.)  Yes   No  76   Did the organization make a change in its activities or methods of conducting activities?  If Yes, attach a detailed statement of each change  77   Were any changes made in the organizing or governing documents but not reported to the IRS?  If Yes, attach a conformed copy of the changes.  78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78b   N/A  78b   N/A	Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described during the year, list that person below and enter the amount of compensation or other benefits in the appropriate columns.										
2121 ALTON PARKWAY SUITE 250 IRVINE, CA 92606  DONNA MONTREZZA 2121 ALTON PARKWAY SUITE 250 IRVINE, CA 92606  Part VI   Other Information (See the instructions.)  Part VI   Other Information (See the instructions.)  76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' altach a detailed statement of each change  77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.  78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78b If 'Yes,' has it filed a tax return on Form 990-T for this year?  79 Was there a liquidation, dissolution, termination, or substantial contraction during the	(A) Name and address		(if not paid,	employee benefit plans and deferred	account a	and ot	her				
2121 ALTON PARKWAY SUITE 250 IRVINE, CA 92606  Part VI Other Information (See the instructions.)  76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.  78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The if 'Yes,' has it filed a tax return on Form 990-T for this year?  79 Was there a liquidation, dissolution, termination, or substantial contraction during the	2121 ALTON PARKWAY SUITE 250	0.	58,250.	9,918.		15,0	)47.				
Did the organization make a change in its activities or methods of conducting activities?  If 'Yes,' attach a detailed statement of each change  76 X  77 Were any changes made in the organizing or governing documents but not reported to the IRS?  78 If 'Yes,' attach a conformed copy of the changes.  78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?	DONNA MONTREZZA 0. 30,241. 1,200. 2121 ALTON PARKWAY SUITE 250										
Did the organization make a change in its activities or methods of conducting activities?  If 'Yes,' attach a detailed statement of each change  76 X  77 Were any changes made in the organizing or governing documents but not reported to the IRS?  78 If 'Yes,' attach a conformed copy of the changes.  78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?		4									
Did the organization make a change in its activities or methods of conducting activities?  If 'Yes,' attach a detailed statement of each change  Were any changes made in the organizing or governing documents but not reported to the IRS?  If 'Yes,' attach a conformed copy of the changes.  78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If 'Yes,' has it filed a tax return on Form 990-T for this year?  78 b N/A											
Did the organization make a change in its activities or methods of conducting activities?  If 'Yes,' attach a detailed statement of each change  76 X  77 Were any changes made in the organizing or governing documents but not reported to the IRS?  78 If 'Yes,' attach a conformed copy of the changes.  78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?											
Did the organization make a change in its activities or methods of conducting activities?  If 'Yes,' attach a detailed statement of each change  76 X  77 Were any changes made in the organizing or governing documents but not reported to the IRS?  78 If 'Yes,' attach a conformed copy of the changes.  78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?											
Did the organization make a change in its activities or methods of conducting activities?  If 'Yes,' attach a detailed statement of each change  76 X  77 Were any changes made in the organizing or governing documents but not reported to the IRS?  78 If 'Yes,' attach a conformed copy of the changes.  78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?											
Did the organization make a change in its activities or methods of conducting activities?  If 'Yes,' attach a detailed statement of each change  76 X  77 Were any changes made in the organizing or governing documents but not reported to the IRS?  78 If 'Yes,' attach a conformed copy of the changes.  78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?			<del></del>								
Did the organization make a change in its activities or methods of conducting activities?  If 'Yes,' attach a detailed statement of each change  76 X  77 Were any changes made in the organizing or governing documents but not reported to the IRS?  78 If 'Yes,' attach a conformed copy of the changes.  78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?											
Did the organization make a change in its activities or methods of conducting activities?  If 'Yes,' attach a detailed statement of each change  76 X  77 Were any changes made in the organizing or governing documents but not reported to the IRS?  78 If 'Yes,' attach a conformed copy of the changes.  78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?  78 Dif 'Yes,' has it filed a tax return on Form 990-T for this year?											
If 'Yes,' attach a detailed statement of each change  76	Part VI Other Information (See the inst	ructions.)				Yes	No				
77 Were any changes made in the organizing or governing documents but not reported to the IRS?  If 'Yes,' attach a conformed copy of the changes.  78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If 'Yes,' has it filed a tax return on Form 990-T for this year?  78b N/A  79 Was there a liquidation, dissolution, termination, or substantial contraction during the	76 Did the organization make a change in its active If 'Yes,' attach a detailed statement of each change in the statement of e	uties or methods of cond ange	ducting activities?		76		х				
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If 'Yes,' has it filed a tax return on Form 990-T for this year?  78b N/A  79 Was there a liquidation, dissolution, termination, or substantial contraction during the	77 Were any changes made in the organizing or g	overning documents bu	t not reported to the IRS	5?	1						
b If 'Yes,' has it filed a tax return on Form 990-T for this year?  78b N/A  79 Was there a liquidation, dissolution, termination, or substantial contraction during the	.,,										
79 Was there a liquidation, dissolution, termination, or substantial contraction during the			or more during the year	covered by this return?	78a						
	<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78 b	_N/	A				
	79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement										
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?										
b If 'Yes,' enter the name of the organization ► SEE STATEMENT 11											
81a Enter direct and indirect political expenditures. (See line 81 instructions.).  Bla 0.			s.). , <u>[</u>	81a) (	<del>1</del> 1	- 1	υ I				
b Did the organization file Form 1120-POL for this year?  BAA  Form 990 (2006)		yearr				990 4					

TEEA0106L 01/18/07

Form 990 (2006)

Form 990 (2006) THE AYN RAND INSTITUTE, THE CENTER FOR	22-2570926	5	F	age :				
Part VI Other Information (continued)	· · · · · · · · · · · · · · · · · · ·		Yes	No				
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no substantially less than fair rental value?	charge or at	82 a		Х				
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III )	N/A							
83a Did the organization comply with the public inspection requirements for returns and exemption appli	cations?	83a	<u>X</u>					
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?								
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X				
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	84Ь	N	'A				
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85a	N,	'A				
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N	'A				
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the orga waiver for proxy tax owed for the prior year	nization received a							
c Dues, assessments, and similar amounts from members . 85c	N/A							
d Section 162(e) lobbying and political expenditures 85d	N/A							
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	N/A							
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	N/A							
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	·	85 g	N	'A				
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable est dues allocable to nondeductible lobbying and political expenditures for the following tax year?	imate of	85 h	N,	'A				
86 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 12	N/A							
b Gross receipts, included on line 12, for public use of club facilities  86b	N/A	1						
87 501(c)(12) organizations Enter a Gross income from members or shareholders.	N/A							
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them )  87b	N/A							
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corpora or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 a If 'Yes,' complete Part IX		88 a	х					
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within section 512(b)(13)? If 'Yes,' complete Part XI	the meaning of	88 b		Х				
89a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under.  section 4911 ► 0., section 4912 ► 0., section 4955 ►	0.							
<b>b</b> 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess bene during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' a explaining each transaction	fit transaction	89Ь		X				
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.							
d Enter Amount of tax on line 89c, above, reimbursed by the organization	0.	- 1						
e All organizations At any time during the tax year, was the organization a party to a prohibited tax sl		89 e	1	Х				
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance	-	89f		Х				
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the organization, or a fund maintained by a sponsoring organization, have excess business holdings at a process.		90		х				
the year?  90 a List the states with which a copy of this return is filed  CA PA  CA PA	L	89 g						
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	ı	90ь		34				
	∟ 949-222-655	0 0	<u> </u>	<u> </u>				
91 a The books are in care of ► JULIE FERGUSON Telephone number 1  Located at ► 2121 ALTON PARKWAY SUITE 250, IRVINE, CA,	ZIP + 4 ► 92606		 	 				
h Al and house discours the colonidar was add the arrest of the transfer of the colonial states of the colonial st	and the and the artists of	Γ	Yes	No				
b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial If 'Yes,' enter the name of the foreign country		91 b		X				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Financial Accounts.	į.							
BAA		Form	990 (2	2006)				

TEEA0107L 01/18/07

Form 990 (2006) THE AYN RAND INST.		E CENTER FOR		22-2570	<del></del>
Part VI Other Information (continu	•				Yes No
c At any time during the calendar year, did	-	lion maintain an office	outside of the Unit	ed States?	91 c X
If 'Yes,' enter the name of the foreign co			. <b></b>		
92 Section 4947(a)(1) nonexempt charitable					N/A ►
and enter the amount of tax-exempt inte				▶ 92	N/A
Part VII Analysis of Income-Producing					<del></del>
	Unrelated	business income	Excluded by sec	tion 512, 513, or 514	(E)
<b>Note:</b> Enter gross amounts unless otherwise indicated	(A) Business code	(B) Amount	(C) Exclusion code	<b>(D)</b> Amount	Related or exempt function income
93 Program service revenue a PROFESSIONAL OUTREACH					45,557.
b ROYALTY INCOME					1,430.
c TUITION INCOME					17,225.
d					
e					
f Medicare/Medicaid payments				·	
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	1,447.	
97 Net rental income or (loss) from real estate					
a debt-financed property	=				
<b>b</b> not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b MISCELLANEOUS INCOME			3	16,190.	<del></del>
c					
d					
e					
Subtotal (add columns (B), (D), and (E))				17,637.	64,212.
105 Total (add line 104, columns (B), (D), a	and (E))		F	<b>&gt;</b>	81,849.
Note: Line 105 plus line 1e, Part I, should equi		on line 12, Part I.			
Part VIII Relationship of Activities t			xempt Purpose	s (See the instru	ctions.)
Line No. Explain how each activity for which of the organization's exempt purpo	n income is rej	oorted in column (E) i	of Part VII contribute		
SEE STATEMENT 12	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
Part IX Information Regarding Tax	<u> (able Subsi</u>	diaries and Disre	egarded Entitie	S (See the instruc	tions.)
(A)	(B)	(	C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage ownership int				
SECOND RENAISSANCE, INC.	100.000				
2121 ALTON PARKWAY, SUITE 250		8			
IRVINE, CA 92606,		8			
16-1266543		8			
Part X Information Regarding Tra	nsfers Ass				
a Did the organization, during the year, receive any fur					
<b>b</b> Did the organization, during the year, pay	y premiums, di	rectly or indi			
Note: If 'Yes' to (b), file Form 8870 and For	· •	-			

**.** .

1.

	990 (2006) THE AYN RAND INSTITUTE, THE			22-257		F	age <b>9</b>
Par	Information Regarding Transfers To a   organization is a controlling organization	nd From Controlled on as defined in sect	Entities. Contion 512(b)(13	nplete only if ').	the		
106	Did the reporting organization make any transfers to a 'Yes,' complete the schedule below for each controlled	controlled entity as define	ed in section 512(	(b)(13) of the Cod	de? If	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) iption of insfer	Amount	(D) of tran	
а							
b							
С							
	Totals		<u> </u>				
107	Did the reporting organization receive any transfers free 'Yes,' complete the schedule below for each controlled	om a controlled entity as o	defined in section	512(b)(13) of the	Code? If	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr tra	(C) iption of insfer	Amount	D) of tran	sfer
а						·	
ь						-	
с							
	Totals						
108	Did the organization have a binding written contract in annuities described in question 107 above?	effect on August 17, 2006	, covering the int	erest, rents, roya	alties, and	Yes	No X
Plea Sign Here	Under penalties of certify, I declare that Lhave examined this ret true, correct, and complete Declaration of preparer (other than o		dules and statements, of which preparer has		•	belief, it	
Paid Pre-	Preparer's signature	Da	1/28/08	Check if self employed	Preparer's SSN General Instruct	or PTIN ion W)	(See

EIN ►

Phone no ► (949)

296-9700

Form 990 (2006)

CORBIN & COMPANY,

2603 MAIN ST STE 600

IRVINE, CA 92614-4259

parer's Use

Only

BAA

Firm's name (or yours if self employed), address, and ZIP + 4

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

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

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

Supplementary Information — (See separate instructions.)

2006

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Name of the organization THE AYN RAND INSTITU	TE, THE CENTER FOR		Employer identification	number
THE ADVANCEMENT OF C	BJECTIVISM		22-2570926	
Part I Compensation of the Five Hig (See instructions. List each or			s, Directors, ar	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 13		683,221.	30,169.	32,562.
		003,221.	30,103.	32,302.
				_
			_	
				·
Total number of other employees paid over \$50,000 ▶	0			
Part II – A Compensation of the Five Hig (See instructions. List each or	ghest Paid Independent Co ne (whether individuals or t	ontractors for P firms). If there a	rofessional Se are none, enter	rvices 'None.')
(a) Name and address of each independent contra	actor paid more than \$50,000	<b>(b)</b> Type (	of service	(c) Compensation
NONE				
Total number of others receiving over \$50,000 for professional services	0		/ · · · · · · · · · · · · · · · · · · ·	L
Part II — B Compensation of the Five Hig	-	ontractors for O	ther Services	
(List each contractor who perf firms. If there are none, enter	ormed services other than			individuals or
(a) Name and address of each independent contra	actor paid more than \$50,000	<b>(b)</b> Type o	of service	(c) Compensation
WEST AMERICA GRAPHICS 19682 DESCARTES FOOTHILL RANCH, C.	A 92610	PRINTING SER	VICES	219,912.
SPECIALIZED MARKETING SEVICES 17809 GILLETTE AVENUE IRVINE, CA	MAILING SERV	ICES	109,982.	
MINI-MAILERS 7 CUSHING IRVINE, CA 92618		MAILING SERV	ICES	51,933.
Total number of other contractors receiving over \$50,000 for other services	0			

Sche	dule A	(Form 9	90 or 9	990-E	2) 2006	TH	E A	<u>NY</u>	RANI	)	INSTI'	TUTE,	THE	CE	NTER	FC	)R	22-2	257092	26	F	age 2
Par	t III	State	men	ts Al	out Ac	tivitie	es (	See	instr	uc	tions.)										Yes	No
1	to influ or incu	ience pu irred in c	blic op connec	oinion ction v	ganization on a legi- with the logi ne 38, Pa	slative i bbying	matt activ	er or ⁄ıties	refere S	nd ►	um? If '\ \$	state, /es,' er	or loca nter the N/	tota	slation exper	i, inc nses	luding a paid	any atte	empt	1		х
	organi	zations t zations d ng activit	checkir	ade a ng 'Ye	n electior s' must c	under omplet	sect e Pa	ion ( rt VI	501(h) I-B AND	by Da	filing Foi ttach a s	rm 5768 stateme	8 must ent givir	com ng a d	plete P detaile	Part \ d des	/I-A. Ot scription	her n of the	:			
2	substa taxable	ntial con e organiz	itributo zation	ors, tri with v	ganizatio ustees, di vhich any to any q	rectors such p	, offi erso	cers n is	, create affiliate	ors ed :	, key em as an off	iployee icer, di	s, or m rector,	emb trust	ers of t ee, ma	their ajority	familie: y owner	s, or wi	th any ncipal			
									SEE	S	<b>FATEME</b>	ENT 1	4									
а	Sale, 6	exchange	e, or le	easing	of prope	rty?														2a		X
Ь	Lendın	g of moi	ney or	other	extensio	n of cre	dit?													2b	Х	ļ
с	Furnisl	ning of g	oods,	servi	es, or fa	cilities?														2c	Х	
																0,	PART	V				
d	Payme	ent of co	mpens	ation	(or paym	ent or r	eıml	ourse	ement (	of (	expense:	s if moi	re than	\$1,0	00)?					2d	_X	
e	Transf	er of any	part (	of its i	ncome o	r assets	?													2e	_	X
					grants fo anization											tach	<sup>an</sup> ST	MT 1	5	3a	X	
Ь	Did the	e organiz	:ation	have	a section	403(b)	annı	uty p	olan for	rits	s employ	ees?								3 b	X	
	to pres	e organiz serve ope attach a	en spa	ice, th	e or hold e enviror tement	an eas iment, l	eme histo	nt fo	or conso and are	erv eas	ation pu or histo	rposes ric stru	, includ ctures?	ing e	aseme	ents				3c		Х
d	Did the	e organiz	ation	provic	e credit o	ounsel	ıng,	debt	manag	ger	ment, cre	edit rep	air, or	debt	negotia	ation	service	s?		3d		X
	Did the 4f and		:ation i	maint	ain any d	onor ad	lvise	d fur	nds? If	'Ye	es,' com	plete lir	nes 4b	throu	gh 4g	If 'N	lo,' com	iplete li	nes	<b>4</b> a		Х
b	Did the	e organiz	:ation	make	any taxa	ble dist	rıbut	ions	under	sec	ction 496	66?								46	N,	/A
С		e organiz	:ation	make	a distribu	ition to	a do	nor,	donor	ad	visor, or	related	d perso	n?						4c	N,	/A
d	Enter t	he total	numbe	er of o	lonor adv	ised fui	nds (	owne	ed at th	ne e	end of th	e tax y	ear						<b>-</b>			N/A
е	Enter t	he aggre	egate '	value	of assets	held in	all	dono	or advis	ed	funds o	wned a	t the e	nd of	the ta	x yea	ar		<b></b>			N/A
f	funds i	ncluded	on line	e 4d)	eparate t where do accounts	unds or nors ha	r acc ive ti	ount	ts owne ght to p	ed pro	at the er	nd of th	e tax y the dis	ear ( Irıbut	exclude ion or	ing d inves	onor ac stment o	dvised of	<b>-</b>	-		0
g	Enter t	he aggre	egate '	value	of assets	held in	all t	unds	s or ac	cou	unts incli	uded or	n line 4	f at tI	ne end	of th	ne tax y	ear	<b>-</b>			0.

Sche	dule A (Form 990 or 990-EZ) 2006 T	HE AYN RAND INST	ITUTE, THE CENTER		22-2570	0926 Page 3						
Parl	Reason for Non-Private	Foundation Status (	See instructions.)									
I cert	ify that the organization is not a private	foundation because it is (	Please check only <b>ONE</b> app	licable box.	)							
5	A church, convention of churches,	or association of churches.	. Section 170(b)(1)(A)(i).									
6	6 A school Section 170(b)(1)(A)(ii). (Also complete Part V.)											
7	7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).											
8	8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)											
9	A medical research organization op and state ►	erated in conjunction with		)(A)(III) <b>En</b> t	ter the hospit	al's name, city,						
10	An organization operated for the be (Also complete the <b>Support Schedu</b>	enefit of a college or univer le in Part IV-A.)	sity owned or operated by a	a governmei	ntal unit Sect	tion 170(b)(1)(A)(iv)						
11 a	An organization that normally receive Section 170(b)(1)(A)(vi). (Also complete the complete that the c	ves a substantial part of its plete the <b>Support Schedul</b> i	s support from a governmer e in Part IV-A.)	ntal unit or fr	om the gener	ral public.						
11 b	A community trust. Section 170(b)(	I)(A)(vi). (Also complete th	ne <b>Support Schedule</b> in Part	l IV-A)								
12	An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)											
13	An organization that is not controlle requirements of section 509(a)(3).	d by any disqualified perso Check the box that describe	ons (other than foundation r es the type of supporting or	managers) a ganization	nd otherwise ►	meets the						
	Type II	Type III-Function		Type III	•							
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	out the supported organiza (c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the st organization the sup organiz gove docun	d) upported on listed in uporting zation's rning nents?	(e) Amount of support						
				Yes	No							
-												
		-										
Total					<b>&gt;</b>	0.						
14	An organization organized and oper	ated to test for public safe	ty. Section 509(a)(4). (See	instructions.	)	· · · · · · · · · · · · · · · · · · ·						

Schedule A (Form 990 or 990-EZ) 2006

	edule A (Form 990 or 990-EZ) 2006		D INSTITUTE,			
	IV-A Support Schedule			•		ounting.
Note	: You may use the worksheet in th	e instructions for conv	verting from the accri	ual to the cash meth	od of accounting	<del></del>
	ndar year (or fiscal year nning in)	<b>(a)</b> 2005	<b>(b)</b> 2004	( <b>c</b> ) 2003	<b>(d)</b> 2002	<b>(e)</b> Total
_	- ·	2003	2004	2003	2002	10(a)
,-	Gifts, grants, and contributions received (Do not include unusual grants See line 28.)	4,873,929.	4,513,291.	3,358,389	. 3,292,176	. 16,037,785
16	Membership fees received	1,0.0,323.	1/010/2011	3,330,303	. 3,232,110	10,037,703
						<u>_</u>
17	Gross receipts from admissions, merchandise sold or services performed,					
	or furnishing of facilities in any activity that is related to the organization's					
	charitable, etc, purpose		·			0
18	Gross income from interest, dividends, amounts received from payments on					
	securities loans (section 512(a)(5)),					
	rents, royalties, and unrelated business taxable income (less section 511 taxes)					
	from businesses acquired by the organ- ization after June 30, 1975	2,501.	4,557.	9,483	. 704	. 17,245
	Net income from unrelated business			37.00	· · · · · · · · · · · · · · · · · · ·	1,7213
	activities not included in line 18					0
20	Tax revenues levied for the organization's benefit and					
	either paid to it or expended					
21	on its behalf The value of services or					0
	facilities furnished to the					
	organization by a governmental unit without charge. Do not					
	include the value of services or facilities generally furnished to					
	the public without charge					0
22	Other income Attach a schedule Do not include					
	gain or (loss) from sale of capital assets SEE STMT 16	19,029.	9,382.	46,945	. 39,964	. 115,320
23	Total of lines 15 through 22	4,895,459.	4,527,230.	3,414,817		
	Line 23 minus line 17	4,895,459.	4,527,230.	3,414,817		
	Enter 1% of line 23	48,955.	45,272.	34,148		
26	Organizations described on lines	10 or 11: a Ente	er 2% of amount in co	olumn (e), line 24	▶ 26	323,407
b	Prepare a list for your records to show the	name of and amount contrib	outed by each person (other	r than a governmental uni	t or publicly	
	supported organization) whose total gifts for return. Enter the total of all these excess a	or 2002 through 2005 exceed mounts	ed the amount shown in li	ne 26a. <b>Do not file th</b> is lis	st with your	4,237,762
c	Total support for section 509(a)(1)	test. Enter line 24, co	olumn (e).		▶ 26	
d	Add. Amounts from column (e) fo	r lines 18	17,245. 115,320.	19		
			115,320.	26b 4,237,		<del></del>
	Public support (line 26c minus line	•		• • •	26	, ,
	Public support percentage (line 2 Organizations described on line 1	-	d by line 26c (denom	inator)).	▶ 26	72.97 %
	For amounts included in lines 15.	16. and 17 that were i	received from a 'disq	ualified person,' pre	pare a list for your re	cords to show the
	name of, and total amounts received amounts for each year.	ved in each year from,	each 'disqualified po	erson ' <b>Do not file th</b>	is list with your retur	n. Enter the sum of
	(2005)	(2004)	(2003)		(2002)	
ŀ	For any amount included in line 1					
	to show the name of, and amount \$5,000. (Include in the list organize	received for each year	ar, that was more tha	n the larger of (1) th	e amount on line 25	for the year or (2)
	After computing the difference be	lween the amount rece	es 5 through 11b, as eived and the larger:	amount described in	(1) or (2), enter the s	um of these
	differences (the excess amounts)	for each year.				
	(2005)	(2004)	(2003)		<sup>(2002)</sup>	
С	(2005) Add. Amounts from column (e) fo	r lines. 15		16	270	.1
	Add. Line 27a total	20	d line 27b total	21		
	Public support (line 27c total minu	<del></del>	a mie 270 total		2/0	
	Total support for section 509(a)(2)	•	om line 23. column 6	e) > 27f	12/6	1
	Public support percentage (line 2		-			, 8
	Investment income percentage (li		•	• •		

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Pai	rt V Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.)			
	Does the organization maintain the following.			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ļ	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
,	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
4	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
33	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)  ———————————————————————————————————			
i	a Students' rights or privileges?	33 a		
ı	b Admissions policies?	33Ъ		
(	c Employment of faculty or administrative staff?	33 c		
•	d Scholarships or other financial assistance?	33 d		
•	e Educational policies?	33 e		
1	f Use of facilities?	331		
ę	g Athletic programs?	33 g		
ı	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 á	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ŧ	b Has the organization's right to such aid ever been revoked or suspended?  If you answered 'Yes' to either 34a or b, please explain using an attached statement	34 b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Par	t VI-A Lobbying E (To be complet	xpenditures by Ele	cting Public Char organization that filed I	r <b>ities</b> (See ır Form 5768)	nstru	ctions	.)			N/A
Chec	ck - a lif the organi	zation belongs to an affi	liated group Check	<b>← b</b> If	you	check	ed 'a' and '	limited	contr	ol' provisions apply.
	L	imits on Lobbying	Expenditures		-		Affiliate	a)		(b) To be completed for all electing
		n 'expenditures' means a								organizations
36	Total lobbying expendit	•			1	36				<del></del>
37	Total lobbying expendition	•	• •	yıng).	}	37				
38	Total lobbying expendition	·	7)		}	38				
39	Other exempt purpose				}	39				
40	Total exempt purpose e	'	•		ŀ	40	<del></del>			
41	Lobbying nontaxable an		•							
	If the amount on line 40		lobbying nontaxable at of the amount on line		, l				1	
	Not over \$500,000 Over \$500,000 but not over \$1		000 plus 15% of the excess of						1	
	Over \$1,000,000 but not over \$1		000 plus 19% of the excess o		L	41			Ī	•
	Over \$1,500,000 but not over \$		000 plus 10 % of the excess ov							***************************************
	Over \$17,000,000		00.000	να, ψτ,σου,σου					1	
42	Grassroots nontaxable	* . •				42			Ī	
43	Subtract line 42 from lin	•	•		İ	43				
44	Subtract line 41 from lin	ne 38. Enter -0- if line 41	is more than line 38	, .	Ī	44				
	Caution: If there is an a	amount on either line 43	or line 44, you must fil	le Form 4720.						
	(Some organ	nizations that made a se	Averaging Period ection 501(h) election due the instructions for li	o not have to	com	plete	(h) all of the fr	ve colı	umns t	pelow
			Lobbying Expen	ditures Durin	ng 4 -	Year A	Averaging F	Period	;	
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2005	(c) 200	-			<b>d)</b> 003		(e) Total
45	Lobbying nontaxable amount		·····					<del></del>		
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount						······································			
<b>49</b>	Grassroots ceiling amount (150% of line 48(e))						· :			
	Grassroots lobbying expenditures									-1
	(For reporting of	ctivity by Nonelect	t did not complete Par	t VI-A) (See ı			-		1	N/A
atten	ng the year, did the organ npt to influence public op					iciudin	g any	Yes	No	Amount
	Volunteers	1.411		d t						
	Paid staff or manageme	ent (Include compensatio	n in expenses reported	a on lines c tr	nroug	gn <b>n.</b> )		-		
	: Media advertisements I Mailings to members, le	auclatore or the public	•					<u> </u>		
	Publications, or publishe	• • •	nts							<del></del>
	Grants to other organizations					•				
	Direct contact with legis			gislative body	V					
	Rallies, demonstrations,	<del>-</del>		-	-	;				
	Total lobbying expenditu		•	,						
	If 'Yes' to any of the abo			description of	the I	obbyır	ng activities	· .		
BAA			<u> </u>	· · · · · · · · · · · · · · · · · · ·					A (For	m 990 or 990-EZ) 2006

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

51 Did the	reporting organization	directly or in	directly engage in any of the following rganizations) or in section 527, relatir	g with any other organization described	ın sectior	501(	c)
	•		o a noncharitable exempt organization			Yes	No
(i)Ca	• •	gamzanom	o a noncharitable exempt organization	1	51 a (i)	103	X
= =	her assets				a (ii)		X
` '	ransactions	,		· ·	- 1		
		ets with a no	oncharitable exempt organization		b (i)		Х
• • •			ble exempt organization		b (ii)		Х
• •	ntal of facilities, equipm				b (iii)		X
• •	imbursement arrangeme	•			b (iv)		X
	ans or loan guarantees				b (v)		Х
* * * * * * * * * * * * * * * * * * * *	•	r membersh	ip or fundraising solicitations		b (vi)		Х
			ts, other assets, or paid employees		c		X
d If the a	inswer to any of the abo ods, other assets, or ser	rvices given	complete the following schedule. Coluby the reporting organization. If the one of the golumn (d) the value of the golumn	umn (b) should always show the fair mark organization received less than fair mark ods, other assets, or services received.	rket value ket value i	of n	
(a) Line no	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			is
N/A	<u></u>	<del>                                     </del>					
14/11							
						<u> </u>	
		<del> </del>					
	·	-					
	<del></del>						
			liated with, or related to, one or more her than section 501(c)(3)) or in secti	tax-exempt organizations on 527?.	► ∏ Ye	s X	No
Diff Yes,	' complete the following	schedule.	(b)	(c)	•		
	(a) Name of organization		Type of organization	Description of relation	ship		
N/A		<del></del>					
11/ 21		·					
	<del></del>	-					
-							
	··· · · · · · · · · · · · · · · · · ·						
BAA				Schedule A (Form	990 or 99	90-EZ	2006

1/25/08

## FEDERAL STATEMENTS

PAGE 1

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

22-2570926

**CLIENT 9023T** 

05.51PM

STATEMENT 1 **FORM 990, PART I, LINE 20** OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENT

TOTAL \$

#### **STATEMENT 2** FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	<u>FUNDRAISING</u>
ADVERTISING & PROMOTION	69,934.	69,021.	770.	143.
AUDIOVISUAL	18,295.	16,217.	55.	2,023.
BOOKS	696,074.	695,503.	145.	426.
DESIGN	40,703.	39,485.		1,218.
EDITING	16,662.	16,003.		659.
EQUIPMENT	41,110.	32,587.	4,331.	4,192.
EVENTS	79,880.	54,285.		25,595.
INSURANCE	13,057.	1,513.	11,544.	
INTERNET	66,612.	57,608.	895.	8,109.
LIST RENTAL	37,671.	37,571.		100.
OTHER	34,861.	10,401.	14,846.	9,614.
OUTREACH	34,338.	17,262.	6,722.	10,354.
OUTSIDE SERVICES	441,356.	409,909.	4,057.	27,390.
PAYROLL TAXES & FRINGE BENEFIT	340,944.	245,980.	54,110.	40,854.
PRIZES, GRANTS & SCHOLARSHIPS	233,648.	233,648.		
TAXES, LICENSES & FEES	51,086.	17,378.	11,531.	22,177.
TRANSPORTATION	5,186.	2,803.	1,302.	1,081.
TOTAL	\$ 2,221,417.	\$ 1,957,174.	\$ 110,308.	\$ 153,935.

**STATEMENT 3** FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE CENTER WAS ESTABLISHED FOR THE ADVANCEMENT OF AYN RAND'S PHILOSOPHY, OBJECTIVISM.

STATEMENT 4 FORM 990, PART III, LINE E STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

**PROGRAM** GRANTS AND SERVICE \_ALLOCATIONS\_ **EXPENSES** DESCRIPTION OTHER 1,309,380. INCLUDES FOREIGN GRANTS:

NO

TOTAL \$ <u>0.</u> \$ 1,309,380.

# **FEDERAL STATEMENTS**

PAGE 2

**CLIENT 9023T** 

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

22-2570926

1/25/08

05.51PM

STATEMENT 5 FORM 990, PART IV, LINE 54A INVESTMENTS - PUBLICLY TRADED SECURITIES

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
MUTUAL FUND MONEY MARKET STOCK MISCELLANEOUS INVESTMENTS	MARKET VALUE MARKET VALUE MARKET VALUE MARKET VALUE	\$ 124,373. 0. 49,113. 25,687.
	TOTAL	\$ 199,173.
	PUBLICLY TRADED SECURITIES	\$ 199,173.

## STATEMENT 6 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS	ACCUM. DEPREC.	 BOOK VALUE
FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT IMPROVEMENTS MISCELLANEOUS	\$  TOTAL \$	20,344. 127,424. 11,442. 0. 159,210.	\$ 0. 0. 0. 101,701. \$ 101,701.	\$ 20,344. 127,424. 11,442. -101,701. 57,509.

### STATEMENT 7 FORM 990, PART IV, LINE 58 OTHER ASSETS

BENEFICIAL INTEREST IN INSURANCE POLICY	\$	281,583.
DEPOSITS AND OTHER ASSETS		1,045,723.
INVESTMENT IN SUBSIDIARY		178,000.
OTHER ACCOUNTS RECEIVABLE		18,437.
	TOTAL 🕏	1,523,743.

#### STATEMENT 8 FORM 990, PART IV, LINE 65 OTHER LIABILITIES

GIFT ANNUITY OBLIGATION

TOTAL \$ 1,175,859.

# **FEDERAL STATEMENTS**

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

PAGE 3 22-2570926

1/25/08

05.51PM

STATEMENT 9 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
YARON BROOK 2121 ALTON PARKWAY SUITE 250 IRVINE, CA 92606	PRESIDENT \$ 45			\$ 2,160.
JULIE FERGUSON 2121 ALTON PARKWAY SUITE 250 IRVINE, CA 92606	TREASURER 45	129,686.	7,106.	1,984.
DEBI GHATE 2121 ALTON PARKWAY SUITE 250 IRVINE, CA 92606	SECRETARY 45	114,967.	6,350.	8,717.
CARL BARNEY 2121 ALTON PARKWAY SUITE 250 IRVINE, CA 92606	DIRECTOR 2	0.	0.	0.
MICHAEL S. BERLINER 2121 ALTON PARKWAY SUITE 250 IRVINE, CA 92606	DIRECTOR 2	13,218.	0.	362.
HARRY BINSWANGER 2121 ALTON PARKWAY SUITE 250 IRVINE, CA 92606	DIRECTOR 2	0.	0.	0.
PETER LEPORT 2121 ALTON PARKWAY SUITE 250 IRVINE, CA 92606	DIRECTOR 2	0.	0.	1,915.
ARLINE MANN 2121 ALTON PARKWAY SUITE 250 IRVINE, CA 92606	DIRECTOR 2	0.	0.	0.
JOHN MCCASKEY 2121 ALTON PARKWAY SUITE 250 IRVINE, CA 92606	DIRECTOR 2	0.	0.	1,524.
JOHN RIDPATH 2121 ALTON PARKWAY SUITE 250 IRVINE, CA 92606	DIRECTOR 2	350.	0.	0.
	TOTAL <u>\$</u>	604,459.	\$ 20,127.	\$ 16,662.

STATEMENT 10 FORM 990, PART V-A, LINE 75B COMPENSATION PAID TO RELATED INDIVIDUALS

NAME AND RELATIONSHIP

## FEDERAL STATEMENTS

PAGE 4

**CLIENT 9023T** 

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

22-2570926

1/25/08

05.51PM

# STATEMENT 10 (CONTINUED) FORM 990, PART V-A, LINE 75B COMPENSATION PAID TO RELATED INDIVIDUALS

YARON BROOK'S (PRESIDENT) SON, EDAAN BROOK, WAS A TEMPORARY EMPLOYEE.

HARRY BINSWANGER (DIRECTOR) IS AN OWNER OF THE OBJECTIVIST FORUM (TOF), THROUGH WHICH HE PROVIDED SPEAKING SERVICES TO THE EDUCATION AND MEDIA DEPARTMENTS.

DEBI GHATE (SECRETARY) AND ONKAR GHATE (DEAN OF OAC) ARE MARRIED.

JULIE FERGUSON'S (TREASURER) HUSBAND, MICHAEL FERGUSON, PROVIDED GRADING SERVICES FOR THE EDUCATION DEPARTMENT.

#### STATEMENT 11 FORM 990, PART VI, LINE 80B RELATED ORGANIZATIONS

NAME OF ORGANIZATION

EXEMPT NONEXEMPT

ANTHEM FOUNDATION FOR OBJECTIVIST SCHOL. SECOND RENAISSANCE, INC.

Х

X

### STATEMENT 12 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	# EXPLANATION OF ACTIVITIES
93A	ARI OFFERS A SERIES OF COURSES CALLED THE LEADERSHIP DEVELOPMENT PROGRAM WHICH INCLUDES COURSES IN PHILOSOPHY AND BUSINESS, LEADERSHIP VALUES AND VIRTUES, BUSINESS IN A WIDER CONTEXT. BUSINESS IN A WIDER CONTEXT IS TWO CLASSES; CAPITALISM AND THE ECONOMICS OF CAPITALISM. THE COURSES OFFER EXECUTIVES AND MANAGERS A MORAL DEFENSE OF BUSINESS AND INSTRUCTION IN THE IMPORTANCE OF ACTING ON PRINCIPLE AND IMPLEMENTING THE CORE VIRTUES OF RATIONALITY, INDEPENDENCE, PRODUCTIVENESS, HONESTY, PRIDE, INTEGRITY AND JUSTICE TO THEIR BUSINESS PRACTICE. ARI SPEAKERS ALSO PRESENT TALKS ON TOPICS RELATED TO OBJECTIVISM TO UNIVERSITIES, BUSINESSES, AND OTHER ORGANIZATIONS. IN ADDITION, ARI AUTHORS ACADEMIC JOURNAL ARTICLES APPLYING OBJECTIVISM TO CULTURAL ISSUES."
93B	ROYALTY INCOME IS DERIVED FROM THE SALE OF PUBLICATIONS THAT PROVIDE

- 93B ROYALTY INCOME IS DERIVED FROM THE SALE OF PUBLICATIONS THAT PROVIDE EDUCATION IN OBJECTIVISM.
- 93C TUITION INCOME INCLUDES FEES FOR EDUCATION IN OBJECTIVISM.

## FEDERAL STATEMENTS

PAGE 5

**CLIENT 9023T** 

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

22-2570926

1/25/08

05.51PM

## STATEMENT 13 SCHEDULE A, PART I COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
DUANE KNIGHT 2121 ALTON PARKWAY STE 250 IRVINE, CA 92606	DEVELOPMENT MGR 45	122,406.	6,765.	6,467.
KATHY CROSS 2121 ALTON PARKWAY STE 250 IRVINE, CA 92606	PLANNING MGR 45	100,490.	7,173.	9,915.
MARK CHAPMAN 2121 ALTON PARKWAY STE 250 IRVINE, CA 92606	VP OF DEVLOP. 45	229,202.	3,000.	4,892.
ANU SEPPALA 2121 ALTON PARKWAY STE 250 IRVINE, CA 92606	VP OF PROGRAMS 45	130,372.	6,881.	5,037.
ONKAR GHATE 2121 ALTON PARKWAY STE 250 IRVINE, CA 92606	DEAN OF OAC 40	100,751.	6,350.	6,251.
	TOTAL 3	683,221.	\$ 30,169.	32,562.

## STATEMENT 14 SCHEDULE A, PART III, LINE 2 TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

BOTH DEBI GHATE (AN OFFICER) AND ONKAR GHATE (HER HUSBAND) RECEIVED LOANS FROM ARI. EACH HAD A \$1,800 BALANCE DUE TO ARI AT THE END OF THE FISCAL YEAR.

ARI REIMBURSED EXPENSES TO RYB ENTERPRISES, WHICH IS OWNED BY YARON BROOK (PRESIDENT).

HARRY BINSWANGER (DIRECTOR) IS AN OWNER OF THE OBJECTIVIST FORUM (TOF), THROUGH WHICH HE PROVIDED SPEAKING SERVICES TO THE EDUCATION AND MEDIA DEPARTMENTS.

#### STATEMENT 15 SCHEDULE A, PART III, LINE 3A QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

APPLICANTS MUST MEET ALL QUALIFYING TERMS AS OUTLINED IN OUR STRATEGIC PLAN.
AWARDS WILL BE GIVEN AS DETERMINED BY ARI'S GRANT COMMITTEE ON A CASE BY CASE
BASIS. THIS IS BASED UPON FORMAL GRANT APPLICATIONS ACCOMPANIED BY ABSTRACTS,
COMPLETION OF OUTLINES AND SCHEDULES, DRAFTS AND WILLINGNESS TO UNDERGO PERIODIC
EVALUATIONS BY ARI OR ITS APPOINTEE, AND SUBJECT TO ARI'S APPROVAL TERMS.

# **FEDERAL STATEMENTS**

PAGE 6

**CLIENT 9023T** 

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

22-2570926

1/25/08

05 51PM

STATEMENT 16 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		(A)	2005	<u>(B)</u>	2004	_(	2003	(I	D) 2002	()	E) TOTAL
BOOKS AND MISC	TOTAL	\$ 19 \$ 19	,029. ,029.	\$ \$	9,382. 9,382.	\$ \$	46,945. 46,945.	\$ \$	39,964. 39,964.	\$ \$	115,320. 115,320.

## FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

**CLIENT 9023T** 

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

22-2570926

1/25/08

05.51PM

FORM 990, PART IV, LINE 56 INVESTMENTS (OTHER)

INVESTMENTS - OTHER INVESTMENTS CONSIST OF WELLS FARGO GIFT ANNUITY RESERVE TOTALING \$1,411,590, AS WELL AS POOLED-INCOME BOND FUNDS TOTALING \$159,285.

FORM 990, PART IV, LINE 64B INVESTMENTS (OTHER)

#### LINE OF CREDIT

AT SEPTEMBER 30, 2007, THE INSTITUTE HAD A \$500,000 UNSECURED REVOLVING LINE OF CREDIT, OF WHICH \$120,000 IS AVAILABLE. BANK ADVANCES ON THE CREDIT LINE ARE PAYABLE ON DEMAND, OR IF NO DEMAND IS MADE, ON APRIL 30, 2009. ADVANCES BEAR INTEREST AT 7.75%. AS OF SEPTEMBER 30, 2007, THE INSTITUTE HAD AN OUTSTANDING BALANCE OWED ON THE LINE OF CREDIT OF \$380,000.

#### NOTES PAYABLE

AT SEPTEMBER 30, 2007, NOTES PAYABLE CONSIST OF THE FOLLOWING:

UNSECURED NOTE PAYABLE TO BRANCH BANKING & TRUST, DUE APRIL 30, 2009, PAYABLE IN MONTHLY INSTALLMENTS OF \$6,536, INCLUDING INTEREST AT THE BANK'S PRIME RATE PLUS 0.5% (TOTALING 8.25% AT SEPTEMBER 30, 2007) IN THE AMOUNT OF \$142,745.

UNSECURED RELATED PARTY NOTE PAYABLE TO FORMER BOARD MEMBER, DUE MARCH 1, 2009 PAYABLE IN MONTHLY INSTALLMENTS OF \$4,300 BEARING NO INTEREST AS OF APRIL 30, 2007.

The Ayn Rand Institute
The Center for the Advancement of Objectivism
EIN: 22-2570926
For the Year Ended 9/30/07

NOT OPEN TO PUBLIC JUSPECTION

#### Schedule B, Part I

ame	Address	Citv	State	Zìp	Country	Total Gifts	Cash	Non-Cash	Description	Gift Dat
						12,000	12,000			
						9,000	9,000			
						13,901	13,901			
						10,031	100	9,931		
						533,333	533,333			
						365,000	365,000			
						10,107	63	10,044		
						492,500	492,500			
						5,000	5,000			
						5,000	5,000			
						7,431	7,431			
						47,177	47 177			
						35,000	35,000			
						12,592	12,592			
						20,323	20,323			
						380,642	140,622	15,754		
								38,955		
								27,377		
								25,225		
								30,983		
								15,301		
								15,757		
								9,370		
								16,729		
								4,856		
								10,505		
								5,032		
								2,291		
								4,401		
								3,888		
								9,910		
								3,689		
						10,482	240	10 242		
						11 100	11,100			
						13,500	13,500			
						5,070		5,070		
						5 728	1,557	4,172		
						20,000	20,000	,		
						12,555	12,555			
						106,667	106,667			
						205,041	5,000	200,041		
						7,500	7,500	, -		
						160,000	160,000			
						213 910	213,910			
						84,639	64,803	594		
							,	8,496		
								6,892		
								3,854		
						5,000	5,000	3,55		
						868,575	2,500	866,075		
						000,0.0	_,000	000,0,0		

The Ayn Rand Institute
The Center for the Advancement of Objectivism
EIN: 22-2570926
For the Year Ended 9/30/07

# NOT OPEN to PUBLIC INSPECTION

6,000

11,612

6,000

11,612

**Gift Date** 

#### Schedule B, Part I

Name         Address         City         State         Zio         County         Total (GRS)         Cash         Non-Cash         Description           1         1         1500 <th>Octionate B, Ta</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Octionate B, Ta									
21,006  11,500  15,000  10,000	Name	Address	Citv	State	Zıp	Country	Total Gifts	Cash	Non-Cash	Description
11,500 15,000 5,000 5,000 5,000 6,250 6,250 6,250 6,250 18,522 18,222 18							37,166	200	15,960	
6.250 6.250 9.992 10.522 13.000 13.000 10.000 10.000 5.000 5.000 5.816 6.720 6.720 66.000 96.000 14.000 10.000 174.577 34.265 19.303 33.944 18.376 25.811 18.066 27.000 5.000 5.000 5.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 5.000 10.000 10.000 10.000 10.000 11.000 10.000							11 500	44 500	21,006	
6.250 6.250 9.992 10.522 13.000 13.000 10.000 10.000 5.000 5.000 5.816 6.720 6.720 66.000 96.000 14.000 10.000 174.577 34.265 19.303 33.944 18.376 25.811 18.066 27.000 5.000 5.000 5.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 5.000 10.000 10.000 10.000 10.000 11.000 10.000							11,500	11,500		
9,992 9,992 16,522 13,000 130,000 100,000 100,000 5,000 5,000 20,467 37,000 57,000 5,000 5,000 5,000 5,000 14,000 10,000 10,000 174,577 5,000 5,000 174,577 3,000 10,000 174,577 3,000 10,000 4,000 174,577 3,000 10,000 4,000 174,577 5,000 5,000 174,577 2,511 1,806 18,376 25,511 1,806 23,751 5,000 5,000 10,000 10,000 14,122 4,715 5,809 11,000 10,000 14,122 4,715 5,809 1,000 10,000							50,000	50,000		
16.522 16,522 13,000 13,000 100,000 5,000							6,250	6,250		
13,000 13,000 100,000 100,000 5,000 5,000 5,000 20487 20.487 757,000 57,000 5,000 3,816 67,000 98,000 14,000 11,463 11,463 11,463 11,376 25,811 1,806 23,761 5,000 50,000 10,000 10,000 10,000 10,000 10,000 11,400 10,000 10,000 10,000 10,000 10,000 10,000 10,000 11,5000 14,122 4,715 5,809 3,597 10,000 10							9,992	9,992	16 500	
100,000 100,00							10,522	12.000	10,522	
\$,000 \$,000							13,000	13,000		
20.487   20.487   5.816   5.816   5.816   6.720   6.							5 000	100,000		
\$ 7,000							30,407	5,000		
\$,816							∠U,40/	20,487 57,000		
6,720 6,720 96,000 96,000 14,000 10,000 4,000 174,577 34,285 19,303 39,904 11,463 18,376 25,811 1,806 23,751 5,000 5,000 10,000 50,000 10,000 10,000 75,473 4 75,469 25,000 25,000 15,000 15,000 14,122 4,715 5,809 3,597 10,000 10,000 10,000 10,000 3,597 10,000 10,000 31,455 31,455 10,000 10,000 5,000 5,000 64,800 64,800 25,000 5,000 10,380 10,380 6,000 5,000 10,380 10,380 6,000 5,005 5,065 5,065 55,912 55,912 6,000 6,000 15,382 19,382 6,984 6,984							57,000	0/,000	E 040	
96,000 96,000 14,000 10,000 4,000 174,577 34,285 19,303 39,804 11,463 18,376 25,811 1,806 23,751 5,000 5,000 10,000 50,000 10,000 50,000 10,000 50,000 10,000 10,000 75,473 4 75,469 25,000 25,000 15,000 15,000 14,122 4,715 5,809 10,000 10,000 10,700 10,700 31,455 31,455 10,000 10,000 10,700 10,700 31,455 31,455 10,000 10,000 5,000 5,000 64,800 64,800 64,800 64,800 25,000 5,000 64,800 64,800 65,000 5,000 66,800 6,000 10,382 10,802 19,382 19,382 19,382 19,382							5,610 6.720	6 700	5,816	
14,000 10,000 4,000 174,577 34,285 19,303 39,804 11,463 18,376 28,811 1,806 23,751 5,000 5,000 10,000 50,000 10,000 10,000 50,000 10,000 10,000 15,000 15,000 15,000 15,000 15,000 15,000 11,122 4,715 5,809 3,597 10,000 10,000 10,700 11,000 11,700 10,700 31,455 31,455 10,000 10,000 5,000 5,000 64,800 64,800 25,000 5,000 10,380 64,800 25,000 5,000 10,380 60,000 5,084 69,844 6,984 6,984							96,720	0,720		
174,577  34,285 193,003 38,804 11,463 18,376 25,811 1,806 25,811 1,806 23,751  5,000 5,000 5,000 10,000 10,000 10,000 15,000 15,000 15,000 11,000 10,000 14,122 4,715 5,809 31,455 10,000 10,70							14.000	10,000	4.000	
19,303 39,804 11,463 11,463 18,376 25,811 1,806 25,811 1,806 23,751  5,000 50,000 50,000 10,000 10,000 75,473 4 75,469 25,000 25,000 25,000 14,122 4,715 5,809 3,597 10,000 10,00							174,000	10,000	34.265	
39,804 11,463 18,376 25,811 1,806 25,811 1,806 25,000 50,000 50,000 10,000 10,000 10,000 15,473 4 75,469 25,000 25,000 15,000 15,000 11,122 4,715 5,809 3,597 10,000 10,700 10,700 10,700 10,700 10,700 10,700 10,700 10,700 10,700 10,700 10,700 10,700 10,700 10,700 10,700 10,700 10,700 10,700 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 10,380 6,000							117,511		19 303	
11,463 18,376 25,811 1,806 25,811 1,806 23,751  5,000 50,000 50,000 10,000 75,473 4 75,469 25,000 15,000 15,000 15,000 14,122 4,715 5,809 3,597  10,000 10,700 31,455 31,455 10,000 10,000 64,800 64,800 64,800 64,800 25,000 5,000 64,800 64,800 64,800 64,800 65,000 5,000 60,000 5,000 60,000 5,000 60,000 5,000 5,000 60,000 5,000 60,000 5,000 60,000 5,000 60,000 5,000 60,000 5,000 60,000 5,000 60									39.804	
18,376 25,811 1,806 23,751  5,000 50,000 10,000 10,000 75,473 4 75,469 25,000 25,000 15,000 14,122 4,715 5,809 3,597  10,000 10,700 31,455 31,455 10,000 10,700 31,455 11,000 10,700 31,455 10,000 10,700 31,455 10,000 5,000 64,800 64,800 64,800 64,800 64,800 64,800 64,800 65,000 5,000 10,380 6,000 6,000 10,380 6,000 6,000 5,005 5,005 5,005 5,005 5,005 5,006 6,000 6,									11 463	
25,811 1,806 23,751  5,000 50,000 50,000 10,000 10,000 10,000 75,473 4 75,469 25,000 25,000 15,000 14,122 4,715 5,809 3,597  10,000 10,700 10,700 31,455 31,455 10,000 10,000 10,000 5,000 5,000 64,800 64,800 64,800 64,800 64,800 64,800 64,800 65,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 6,000 5,000 5,000 6,0									18 376	
1,806 23,751 5,000 5,000 50,000 50,000 10,000 10,000 75,473 4 75,469 25,000 25,000 14,122 4,715 5,809 3,597 10,000 10,000 10,700 10,700 31,455 31,455 10,000 10,000 64,800 48,800 25,000 5,000 64,800 48,800 25,000 5,000 10,380 10,380 6,000 5,000 10,380 10,380 6,000 6,000 5,065 5,5912 6,000 6,000 5,000 6,000 5,000 6,000 5,000 6,000 5,000 6,000 10,382 19,382 6,984 6,984									25.811	
23,751  5,000 5,000 50,000 50,000 10,000 75,473 4 75,469 25,000 15,000 15,000 15,000 14,122 4,715 5,809 10,000 10,700 10,700 10,700 10,700 10,700 10,000 10,									1 806	
5,000       5,000         50,000       50,000         10,000       10,000         75,473       4       75,469         25,000       25,000       15,000         15,000       15,000       15,000         14,122       4,715       5,809         3,597       10,000       10,000         10,700       10,700       10,700         31,455       31,455       11,000         10,000       10,000       5,000         5,000       5,000       5,000         64,800       64,800       25,000         5,000       5,000       10,380         6,000       6,000       5,065         55,912       55,912       6,065         6,000       6,000       19,382         6,984       6,984       6,984										
50,000 50,000 10,000 10,000 75,473 4 75,469 25,000 25,000 15,000 15,000 14,122 4,715 5,809 3,597  10,000 10,000 10,700 10,700 31,455 31,455 10,000 10,000 5,000 5,000 64,800 64,800 25,000 25,000 64,800 64,800 25,000 5,000 10,380 6,000 10,380 6,000 5,065 5,065 55,912 55,912 6,000 6,000 19,382 19,382 6,984 6,984							5.000	5,000	20,101	
10,000 10,000 75,473 4 75,469 25,000 25,000 15,000 15,000 15,000 15,000 15,000 15,000 10,000 10,000 10,000 10,000 10,700 10,700 10,700 10,700 10,700 10,000 5,000 5,000 64,800 64,800 64,800 64,800 64,800 64,800 64,800 64,800 64,800 64,800 64,800 64,800 65,000 5,000							50,000			
75,473 4 75,469 25,000 25,000 15,000 15,000 14,122 4,715 5,809 3,597 10,000 10,000 10,700 31,455 31,455 10,000 10,000 5,000 5,000 64,800 64,800 25,000 25,000 64,800 64,800 25,000 5,000 10,380 10,380 10,380 10,380 6,000 6,000 5,065 5,065 55,912 55,912 6,000 6,000 19,382 19,382 6,994 6,984							10,000	10,000		
25,000 25,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 14,122 4,715 5,809 3,597 10,000 10,700 10,700 10,700 10,700 10,700 10,700 10,00							75,473		75.469	
15,000 15,000 4,715 5,809 3,597 10,000 10,000 10,700 31,455 31,455 10,000 10,000 5,000 64,800 64,800 25,000 5,000 5,000 5,000 5,000 10,380 10,380 6,000 6,000 5,065 5,065 55,912 6,000 6,000 19,382 19,382 6,984 6,984							25.000		,	
14,122 4,715 5,809 3,597  10,000 10,000 10,700 10,700 31,455 31,455 10,000 10,000 5,000 5,000 64,800 64,800 25,000 25,000 5,000 5,000 10,380 10,380 6,000 5,005 10,380 10,380 6,000 6,000 5,065 5,065 55,912 55,912 6,000 6,000 19,382 19,382 6,984 6,984							15.000			
5,809 3,597  10,000 10,000 10,700 10,700 31,455 31,455 10,000 10,000 5,000 5,000 64,800 64,800 25,000 25,000 5,000 5,000 10,380 10,380 10,380 10,380 6,000 6,000 5,065 5,065 55,912 55,912 6,000 6,000 19,382 19,382 6,984 6,984							14.122		4.715	
3,597  10,000 10,000  10,700 10,700  31,455 31,455  10,000 10,000  5,000 5,000  64,800 64,800  25,000 25,000  5,000 5,000  10,380 10,380  6,000 6,000  5,065 5,065  55,912 55,912  6,000 6,000  19,382 19,382  6,984 6,984							,		5.809	
10,000 10,000 10,000 10,700 31,455 31,455 31,455 10,000 10,000 5,000 5,000 64,800 64,800 25,000 5,000 5,000 5,000 10,380 10,380 10,380 6,000 6,000 5,065 5,065 55,912 55,912 6,000 6,000 19,382 19,382 6,984 6,984									3.597	
10,700 10,700 31,455 31,455 10,000 10,000 5,000 5,000 64,800 64,800 25,000 25,000 5,000 5,000 10,380 10,380 6,000 6,000 5,065 5,065 55,912 55,912 6,000 6,000 19,382 19,382 6,984 6,984							10,000	10,000		
31,455 31,455 10,000 10,000 5,000 5,000 64,800 64,800 25,000 25,000 5,000 5,000 10,380 10,380 6,000 6,000 5,065 5,065 55,912 55,912 6,000 6,000 19,382 19,382 6,984 6,984							10,700	10,700		
10,000 10,000 5,000 5,000 64,800 64,800 25,000 25,000 5,000 5,000 10,380 10,380 6,000 6,000 5,065 5,065 55,912 55,912 6,000 6,000 19,382 19,382 6,984 6,984							31,455	31,455		
5,000       5,000         64,800       64,800         25,000       25,000         5,000       5,000         10,380       10,380         6,000       6,000         5,065       5,065         55,912       55,912         6,000       6,000         19,382       19,382         6,984       6,984							10,000	10,000		
64,800 64,800 25,000 25,000 5,000 5,000 5,000 5,000 60,000 6,000 6,000 5,065 55,912 55,912 6,000 6,000 19,382 19,382 6,984 6,984							5,000	5,000		
25,000 25,000 5,000 5,000 10,380 10,380 6,000 6,000 5,065 5,065 55,912 55,912 6,000 6,000 19,382 19,382 6,984 6,984							64,800	64,800		
5,000       5,000         10,380       10,380         6,000       6,000         5,065       5,065         55,912       55,912         6,000       6,000         19,382       19,382         6,984       6,984							25,000	25,000		
10,380 10,380 6,000 6,000 5,065 5,065 55,912 55,912 6,000 6,000 19,382 19,382 6,984 6,984							5,000	5,000		
6,000 6,000 5,065 5,065 55,912 55,912 6,000 6,000 19,382 19,382 6,984 6,984							10,380	10,380		
5,065       5,065         55,912       55,912         6,000       6,000         19,382       19,382         6,984       6,984							6,000	6,000		
55,912 55,912 6,000 6,000 19,382 19,382 6,984 6,984							5,065	5,065		
6,000 6,000 19,382 19,382 6,984 6,984							55,912	55,912		
19,382 19,382 6,984 6,984							6,000	6,000		
6,984 6,984							19,382	19,382		
8,000							6,984	6,984		
							000,8			

The Ayn Rand Institute
The Center for the Advancement of Objectivism
EIN: 22-2570926
For the Year Ended 9/30/07

# NOT OPEN TO PUBLIC INSPECTION

#### Schedule B, Part I

Name	Address	City	State	Zip	Country	Total Gifts	Cash	Non-Cash	Description	Gıft D
						66,668	66,668			
						5,000	5,000			
						13,890	8,890	5,000		
						29,740		29,740		
						15,950	15,950			
						17,500	17,500			
						10,500	10,500			
						11,366	11,366			
						50,000	50,000			
						10,000	10,000			
						8,231	4,672	3,559		
						17,480	35	17,445		
						10,000	10,000			
						25,000	25,000			
						40,600	40,600			
						25,500	25,500			
						10,000	10,000			
						5,882		5,882		
						5,000	5,000			
						25,000	25,000			
						21,918		21,918		
						14,250	14,250			
						5,000	5,000			
						10,000	10,000			
						52,500	52,500			
						50,000	50,000			
						9,000	9,000			
						57,518	*,,***	48,806		
						,		8,712		
						29,000	29,000	-,		
						12,500	12,500			
						100,000	100,000			
						24 100	24,100			
						5 000	5,000			
						50,000	50,000			
						20,000	20,000			
						5,200	5,200			
						212,000	212,000			
						61,017	61,017			
						15,000	15,000			
						50,000	50,000			
							0.000			
						9,350	9,350			
						5,000	5,000			
						9,950	9,950	4.004		
						9,681	5,000	4 681		
						6,258	6,258			
						50,000	50,000			
						32,604	32,604			
						10,000	10,000	4 000 040		
						6 154 872	4,316,227	1,838,646		