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Dena	rtment	of the Treasury							-					-	e made p				n to Pu	
Intern	al Reve	enue Service													informati			Ins	pectio	n
AF	or th	e 2021 calenda	dar ye	ear, or ta	ax year	beginnir	ng	OCT	1,	20	)21	and	d endiı	ng S	<u>SEP 30</u>		022			
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L	_ltion pend	ing SAME				Jai Onicci	1											ded?	=	No
<u>і</u> т	- ax-ex	empt status:				501(c) (		) ◄	(inser	t no )	40	947(a)(1)	or	527				t. See inst		
		ite: ► WWW • .							(11001	(110.)		<i>y</i> 17 (u)( 1)						number 🕨		10
		f organization:				Trust		Associ	ation		Other	•		Year	of formatio					cile: CA
	rt I							<u>.</u>			-						1			
	1	Briefly describ	ibe the	e organiz	zation's	mission	or m	ost sigr	nifican	nt acti	vities:	UNDE	RST	AND	ING C	F AS	YN RA	ND'S		
nce	1       Briefly describe the organization's mission or most significant activities:       UNDERSTANDING OF AYN RAND'S         WORKS AND TO FIND AND TRAIN THE NEW       INTELLECTUALS TO TEACH HER         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)         4       Number of independent voting members of the governing body (Part VI, line 1b)																			
rna	2 Check this box      if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
ove	3	Number of vot	oting r	members	s of the	governin	ig bo	ody (Par	t VI, li	ne 1a	)									9
	4	Number of ind	ndeper	ndent vo	ting me	mbers of	f the	govern	ing bo	ody (F	Part VI, I	ine 1b)					4			7
es 8	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)										5			42						
vitie	6 Total number of volunteers (estimate if necessary)										6			7						
Activities &		Total unrelated															7a			0.
_	b	Net unrelated	d busii	ness tax	able inc	ome fror	m Fo	<u>rm 990-</u>	T, Pa	rt I, lii	ne 11			<u></u>			7b			0.
															Prior			Curre		
e	8	Contributions													16,65			17,2		
Revenue	9	Program servi		•												10, 10		5.	90,2	$\frac{224}{25}$
Rev	10	Investment inc														39,4		6	<u> </u>	35.
_	11															$\frac{4,1}{6}$			-	915.
	12	Total revenue													17,69	22,1		18,5		
	13	Grants and sir													12	ίζ, Ι.	0.	5	<u>, c</u>	<u>)82.</u> 0.
	14	Benefits paid t										- 5 10)			3,79	12 6		5 1	$\frac{1}{2}$	986.
ses	15	Salaries, other	er con	npensati	on, emp	Noyee be	enem mn (/	IS (Part		numn	(A), line	es 5-10)		·	5,75	2,0.	0.	J, 1	52,3	0.
Expenses	108	Professional fu Total fundraisi		aising le	es (Part		יא) וווו (א רער) ב	4), IITIE 1	\ne)		6	83 1	72							
ĔĂ	17	Other expense													4,10	9 0	32.	4 5	90 F	527.
	18	Total expense													8,02			10,2		
	19	Revenue less												·	9,67					418.
or es			<u>o onpo</u>		Jonaor	<u></u>		110 12					<u></u>	Be	ginning of				of Year	
t Assets or d Balances	20	Total assets (F	(Part )	X. line 16	3)										18,61			27,9		
Ass I Ba	21	Total liabilities													4,63					742.
Net Fund	22	Net assets or													13,97			21,5		
	irt II																<u> </u>			
Unde	er pen	alties of perjury,	, I decl	lare that I	have exa	amined thi	is ret	urn, inclu	uding a	accom	panying	schedule	es and s	tatem	ents, and to	the bes	t of my kn	iowledge ar	id belie	f, it is
true,	corre	ct, and complete.	e. Decl	laration o	f prepare	r (other th	nan o	fficer) is	based	on al	l informa	tion of w	/hich pr	eparer	has any kn	owledge				
Sigr	า	Signature														Date				
Her	е	TAL	TSI	FANY	, PR	ESIDE	ENT	'& (	CEO											

nere	IND IDIANI, INDIDINI (								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	TRITIA FOSTER			self-employed	202164134				
Preparer	Preparer Firm's name DAVIS FARR LLP Firm's EIN 47-353								
Use Only	Firm's address 🖌 18201 VON KARMAN								
	IRVINE, CA 92612		Phone no. 949 – 4	174-2020					
May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-09	B-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form <b>990</b> (2021)				
S	EE SCHEDULE O FOR ORGANIZA	ATION MISSION STATEME	NT CO	NTINUATION	1				

SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATIO
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orm	990 (2021) THE ADVANCEMENT OF OBJECTIVISM 22-2570926 Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	TO FOSTER A GROWING AWARENESS, UNDERSTANDING AND ACCEPTANCE OF AYN
	RAND'S REVOLUTIONARY PHILOSOPHY, OBJECTIVISM, IN ORDER TO CREATE A
	CULTURE WHOSE GUIDING PRINCIPLES ARE REASON, RATIONAL SELF-INTEREST,
	AND LAISSEZ-FAIRE CAPITALISM, A CULTURE IN WHICH INDIVIDUALS ARE FREE
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 3,922,663. including grants of \$ 459,854. ) (Revenue \$ 359,502.
	OUTREACH PROGRAMS: WE POSTED 153 NEW VIDEOS TO OUR YOUTUBE CHANNEL,
	WHICH GREW TO OVER 82K SUBSCRIBERS. AMONG THE MANY NEW VIDEOS WERE
	LECTURES, INTERVIEWS AND PODCASTS ON TOPICS RANGING FROM HISTORY AND
	PHILOSOPHY TO ART AND CULTURAL ISSUES. OUR CHANNEL RECEIVED OVER 1.4
	MILLION VIEWS TOTAL THIS FISCAL YEAR, WITH THE MIKE WALLACE INTERVIEW
	OF AYN RAND RECEIVING OVER 155K VIEWS IN FY2022, FOR AN ALL-TIME TOTAL SURPASSING 781K VIEWS. TWO MAJOR CONFERENCES WERE HELD: ARC-EUROPE,
	WHICH WAS HELD IN APRIL 2022 IN LONDON WITH A TOTAL OF 167 ATTENDEES
	AND THE OBJECTIVIST CONFERENCE IN JULY 2022 IN WASHINGTON DC, WITH A
	TOTAL OF 408 ATTENDEES. IN FY2022, ARI CONTINUED ITS GLOBAL OUTREACH
	EXPANSION IN EUROPE, LATIN AMERICA, ASIA AND THE MIDDLE EAST, TO
	ENCOURAGE AND ASSIST VARIOUS AYN RAND PROGRAMS ABROAD. ARI ALSO SENT
	(Code:) (Expenses \$ 4,027,224. including grants of \$ 125,228. ) (Revenue \$ 203,191.
	EDUCATIONAL PROGRAMS: IN FY2022, WE DISTRIBUTED APPROXIMATELY 280,000 FREE BOOKS TO CLASSROOMS AND 9,500 DIRECTLY TO STUDENTS ALL OVER THE
	COUNTRY, AND OUR SPEAKERS ENGAGED WITH DOZENS OF STUDENTS IN THEIR
	CLASSROOMS. OUR ANNUAL ESSAY CONTEST SUBMISSION TOTALED APPROXIMATELY
	5,000 ENTRIES AND WE GAVE OUT PRIZES TO A TOTAL OF 255 WINNERS (RANGING
	FROM FIRST PLACE TO VARIOUS LEVELS OF RUNNERSUP). WE ALSO HOSTED 8
	READING GROUPS, IN WHICH GROUPS OF STUDENTS FROM AROUND THE WORLD
	CONNECT OVER VIDEO FOR INFORMAL DISCUSSIONS OF RAND'S PHILOSOPHY, WHICH
	WERE PARTICIPATED BY OVER 200 INDIVIDUALS. OVER 300 STUDENTS ATTENDED
	ARI HOSTED CONFERENCES, MANY OF THEM ON SCHOLARSHIP, INTRODUCING THEM
	TO AYN RAND'S PHILOSOPHY OF OBJECTIVISM.
	THE AYN RAND UNIVERSITY, THE ONLY SYSTEMATIC PROGRAM OF INSTRUCTION IN
	COO 4FO 07 FOO
	(Code:) (Expenses \$622,459. including grants of \$) (Revenue \$) (Reven
	FACILITIES VIA SEISMIC ANCHORING OF COLLECTION STORAGE SHELVES AND
	INSTALLATION OF A LARGER HVAC UNIT TO BETTER MAINTAIN TEMPERATURE AND
	RELATIVE HUMIDITY AT APPROPRIATE LEVELS. WE PRESENTED TWO EXHIBITS: A
	PHYSICAL EXHIBIT AT OCON 2022 TITLED AYN RAND GOES TO WASHINGTON, & AN
	ONLINE EXHIBIT, LETTERS OF AYN RAND, WHICH PRESENTS THE EXPANDED
	SECOND EDITION OF THAT WORK WITH IMAGES OF ALL ORIGINAL LETTERS FROM
	AYN RAND'S PAPERS IN ADDITION TO COMPLETE TRANSCRIPTS. WE MADE
	SIGNIFICANT UPDATES TO 5 INVENTORIES OF IMPORTANT COLLECTIONS, AND
	STARTED AN UPDATED GENERAL SHELF INVENTORY WITH VISUALS, AN IMPORTANT
	STEP IN DISASTER PREPAREDNESS. WE RECEIVED 3 NOTABLE ACQUISITIONS:
	FURNITURE OWNED BY AYN RAND DURING HER LIFETIME; THE PETER SCHWARTZ
4 <b>d</b>	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses ► 8,572,346.
4e	Total program service expenses       8,572,346.         Form 990 (202         12-09-21       SEE SCHEDULE O FOR CONTINUATION(S)

THE	AYN	RAND	INS	ттт	UTE:	THE	CENTER	FOR
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22-2570926 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		л
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		л
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<u></u>
8		8	х	
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		- 23	
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		~>
10	or in 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, VII, VII, VII, IX, or X,	10		
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ũ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	<u> </u>
132003	12-09-21	Form	990	(2021)

132003 12-09-21

Form 990 (2021)

Part IV Checklist of Required Schedules

3 2021.06000 THE AYN RAND INSTITUTE:

Form	990 (2021) THE ADVANCEMENT OF OBJECTIVISM 22-257	)926	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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		v	
~ ~	Schedule J	23	X	<u> </u>
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	040		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a	х	
h	"Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<u> </u>
Ū	"Yes." complete Schedule L. Part IV	28c	х	
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	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	├──
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%	х	
36	within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		<u> </u>
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7.	-		
		기		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	<u> </u>
132004	12-09-21	Form	990	(2021)

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2021.06000 THE AYN RAND INSTITUTE:

THE AYN RAND INSTITUTE: THE CENTER FOR	THE	AYN	RAND	INSTITUTE:	THE	CENTER	FOR
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	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			103	
	filed for the calendar year ending with or within the year covered by this return	2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				
3a			3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	4a		x
b	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
•	any contributions that were not tax deductible as charitable contributions?	-	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution				
D.			6b		
7	Organizations that may receive deductible contributions under section 170(c).		00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service and the section and partly for goods and service and the section and partly for goods and service and the section and partly for goods and service and the section and partly for goods and service and the section and partly for goods and service an	vices provided to the navor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		10		
C	to file Form 8282?		7c		х
A	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		23
			7e		
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co				
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fol		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-	•		
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a		
-	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			_
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

Form 990 (2				OBJECTIVISM	22-2570926	Page <b>6</b>		
Part VI	Governance, Manag	ement, and Disclo	sure	<ul> <li>For each "Yes" response to lines 2 through 7</li> </ul>	b below, and for a "No" res	sponse		
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.								
	Check if Schedule O conta	ins a response or note t	o any	line in this Part VI		X		

d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's as d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or a ore members of the governing body?	p with a e direct 990 was sets?	any other	7 2 3	Yes	No
there are material differences in voting rights among members of the governing body, or if the governing dy delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relationshif ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's as d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or a ore members of the governing body?	<b>1b</b> p with a e direct 990 was sets?	any other	7 2 3	Yes	
there are material differences in voting rights among members of the governing body, or if the governing dy delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relationshif ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's as d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or a ore members of the governing body?	<b>1b</b> p with a e direct 990 was sets?	any other	7 2 3		
by delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relationshiftier, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's as d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or a ore members of the governing body?	p with a e direct 990 was sets?	any other	2		<b>.</b>
Anter the number of voting members included on line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relationshif ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's as d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or a ore members of the governing body?	p with a e direct 990 was sets?	any other	2		
d any officer, director, trustee, or key employee have a family relationship or a business relationship ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's as d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or a ore members of the governing body?	p with a e direct 990 was sets?	any other	2		
ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under th officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's as d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or a ore members of the governing body?	e direct 990 was sets?	supervision	3		
d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form d the organization become aware during the year of a significant diversion of the organization's as d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or a ore members of the governing body?	e direct 990 was sets?	supervision	3		
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d the organization become aware during the year of a significant diversion of the organization's as d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or a ore members of the governing body?	sets?	s filed?			Х
d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or a ore members of the governing body?					Х
d the organization have members, stockholders, or other persons who had the power to elect or a ore members of the governing body?			5		Х
ore members of the governing body?	onoint -		6		Х
		one or			
			7a		Х
re any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	lders, or			
ersons other than the governing body?			7b		X
d the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	e following:			
ne governing body?			8a	Х	
ach committee with authority to act on behalf of the governing body?			8b	Х	
there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at	t the			
ganization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
n B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)			
		,		Yes	N
d the organization have local chapters, branches, or affiliates?			10a	Х	
	-		10b	х	
			11a	Х	
	5	0			
			12a	Х	
	,		120	х	
			15a	x	
					Х
			100		
	ment w	ith a			
			160		Х
, , , , , , , , , , , , , , , , , , , ,			IUa		
		-			
			164		
			401		
	nd 000	T (poption 501(a)(a)			
	10 990	- (Section 501(C)(3	is only) a	avallal	Jie
		,	d f		
	onflict o	or interest policy, ar	ia finano	al	
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	oks and	a records			
	0707				
HUITON CENTRE DRIVE, SUITE OUU, SANTA ANA, CA 9	4/0/			000	(a -
	id the organization contemporaneously document the meetings held or written actions undertaken during the ye         he governing body?         ach committee with authority to act on behalf of the governing body?         there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reaginization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> on B. Policies (This Section B requests information about policies not required by the Internal Bit         id the organization have local chapters, branches, or affiliates?         "Yes," did the organization nave written policies and procedures governing the activities of such cl         nd branches to ensure their operations are consistent with the organization's exempt purposes?         as the organization provided a complete copy of this Form 990 to all members of its governing bod         escribe on Schedule O the process, if any, used by the organization to review this Form 990.         id the organization nave a written conflict of interest policy? <i>If "No," go to line</i> 13         fere officers, directors, or trustes, and key employees required to disclose annually interests that could give risi         id the organization nave a written whistleblower policy?         id the organization have a written whistleblower policy?         id the organization have a written contemporaneous substantiation of the deliberation and decision?         ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangerexable entity during the year? </td <td>id the organization contemporaneously document the meetings held or written actions undertaken during the year by the he governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a rganization's mailing address? If "Yes," <i>orovide the names and addresses on Schedule O</i> <b>on B. Policies</b> (<i>This Section B requests information about policies not required by the Internal Revenue</i> id the organization have local chapters, branches, or affiliates? "Yes," did the organization have written policies and procedures governing the activities of such chapters a the organization provided a complete copy of this Form 990 to all members of its governing body befor escribe on Schedule O the process, if any, used by the organization to review this Form 990. id the organization have a written conflict of interest policy? If "No," go to line 13 fere officers, directors, or trustee, and key employees required to disclose annually interests that could give rise to conflic the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," dr o Schedule O how this was done id the organization have a written document retention and destruction policy? id the organization have a written document retention and destruction policy? if the organization have a written document retention and destruction solude a review and approval by interestors or key employees of the organization of the deliberation and decision? he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement w vable entity during the year? "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its p i on the ure arrangements under applicable federal tax law, and take steps to safeguard the organization reproduce the seavailable. Check all that apply.</td> <td>d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: he governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the granization's mailing address? <i>II</i> 'Yes, ' provide the names and addresses on Schedule O <b>m B. Policies</b> (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) id the organization have written policies and procedures governing the activities of such chapters, affiliates, nd branches to ensure their operations are consistent with the organization's exempt purposes? as the organization have written policies and procedures governing the activities of such chapters, affiliates, nd branches to ensure their operations are consistent with the organization's exempt purposes? as the organization nave written conflict of interest policy? <i>If</i> 'No,' <i>g to line</i> 13 ere officers, directors, or trustese, and key employees required to disclose annually interests that could give rise to conflict?? if di the organization have a written withstebiower policy? if di the organization have a written wontor and enforce compliance with the policy? <i>If</i> 'Yes,' <i>describe Schedule</i> O how this was done. if the organization have a written document retention and destruction policy? if the organization have a written wontor, or top management official ther officers or key employees of the organization "Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. if the organization flow a may any the policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? "Yes,' di due organization to weak these available. Check all that apply</td> <td>dithe organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       Ba         he governing body?       Ba         ach committee with authority to act on behalf of the governing body?       Ba         there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the       B         granization's mailing address? (If 'Yes', 'grovide the names and addresses on Schedule O       B         mB. Policies       (Truis Section B requests information about policies not required by the Internal Revenue Code.)         id the organization have local chapters, branches, or affiliates?       10a         "yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, indeparted to the process, if any, used by the organization to review this Form 990.       11a         id the organization have a written conflict of interest policy? If 'No, 'go to bine 13       12a         id the organization have a written winter therinon and destruction policy?       14         id the organization have a written winterhorporaneous substantiation of the deliberation and decision?       12a         id the organization have a written winterhorporaneous substantiation of the deliberation and decision?       12a         id the organization have a written winterhorporaneous substantiation of the deliberation and decision?       13a         id the organization fue wareney of the sorm 900 is required to be</td> <td>dt he organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       Ba       X         he governing body?       Bb       X         ach committee with authority to act on behalf of the governing body?       Bb       X         there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the granization's mailing address? (If Yes.'' provide the names and addresses on Schedule O       9         m B. Policies       (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes.''         ves., 'did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 900.       Yes.''         id the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form?       Yes.''         id the organization regularly and consistent with the organization to review this Form 900.       Yes.''       Yes.'' did the organization regularly and consistent wontor and enforce compliance with the policy? If 'Yes.'' describe       Yes.'' did the organization have a written whistleblower policy?''         id the organization have a written whistleblower policy?       Yes.'' did the distingt.''       Yes.'' did the organization have a written document retention and destruction policy?''       Yes.'' did the organization have a written whistleblower policy?''       Yes.'' did he organization have a wr</td>	id the organization contemporaneously document the meetings held or written actions undertaken during the year by the he governing body? ach committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a rganization's mailing address? If "Yes," <i>orovide the names and addresses on Schedule O</i> <b>on B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Revenue</i> id the organization have local chapters, branches, or affiliates? 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Check all that apply.	d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: he governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the granization's mailing address? <i>II</i> 'Yes, ' provide the names and addresses on Schedule O <b>m B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Revenue Code.</i> ) id the organization have written policies and procedures governing the activities of such chapters, affiliates, nd branches to ensure their operations are consistent with the organization's exempt purposes? as the organization have written policies and procedures governing the activities of such chapters, affiliates, nd branches to ensure their operations are consistent with the organization's exempt purposes? as the organization nave written conflict of interest policy? <i>If</i> 'No,' <i>g to line</i> 13 ere officers, directors, or trustese, and key employees required to disclose annually interests that could give rise to conflict?? if di the organization have a written withstebiower policy? if di the organization have a written wontor and enforce compliance with the policy? <i>If</i> 'Yes,' <i>describe Schedule</i> O how this was done. if the organization have a written document retention and destruction policy? if the organization have a written wontor, or top management official ther officers or key employees of the organization "Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. if the organization flow a may any the policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? "Yes,' di due organization to weak these available. Check all that apply	dithe organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       Ba         he governing body?       Ba         ach committee with authority to act on behalf of the governing body?       Ba         there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the       B         granization's mailing address? (If 'Yes', 'grovide the names and addresses on Schedule O       B         mB. Policies       (Truis Section B requests information about policies not required by the Internal Revenue Code.)         id the organization have local chapters, branches, or affiliates?       10a         "yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, indeparted to the process, if any, used by the organization to review this Form 990.       11a         id the organization have a written conflict of interest policy? If 'No, 'go to bine 13       12a         id the organization have a written winter therinon and destruction policy?       14         id the organization have a written winterhorporaneous substantiation of the deliberation and decision?       12a         id the organization have a written winterhorporaneous substantiation of the deliberation and decision?       12a         id the organization have a written winterhorporaneous substantiation of the deliberation and decision?       13a         id the organization fue wareney of the sorm 900 is required to be	dt he organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       Ba       X         he governing body?       Bb       X         ach committee with authority to act on behalf of the governing body?       Bb       X         there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the granization's mailing address? (If Yes.'' provide the names and addresses on Schedule O       9         m B. Policies       (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes.''         ves., 'did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 900.       Yes.''         id the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form?       Yes.''         id the organization regularly and consistent with the organization to review this Form 900.       Yes.''       Yes.'' did the organization regularly and consistent wontor and enforce compliance with the policy? If 'Yes.'' describe       Yes.'' did the organization have a written whistleblower policy?''         id the organization have a written whistleblower policy?       Yes.'' did the distingt.''       Yes.'' did the organization have a written document retention and destruction policy?''       Yes.'' did the organization have a written whistleblower policy?''       Yes.'' did he organization have a wr

<sup>2021.06000</sup> THE AYN RAND INSTITUTE:

THE AIN RAND INSTITUTE: THE CENTER FOR										
Form 990 (2021) THE ADVANCEMENT OF OBJECTIVISM	22-2570926	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	s tax year.								
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regard	less of amount of compens	ation.								
Enter -0- in columns (D), (E), and (F) if no compensation was paid.										
List all of the organization's current key employees, if any. See the instructions for definition of "key employees, if any.	e."									

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

TNOMTMINT

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		ו than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both pr/trus	n an	compensation	compensation	amount of
	week		cer an	aad	Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	-	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) TAL TSFANY	45.00	_	_	-		<u> </u>	-			
PRESIDENT & CEO, MEMBER	2.00	х		х				583,648.	0.	12,148.
(2) CARLA SILK	45.00									
CHIEF OPERATING OFFICER						X		226,465.	0.	9,618.
(3) ONKAR GHATE	45.00									
CHIEF PHIL. OFFICER		Х		Х				204,017.	0.	12,077.
(4) ELAN JOURNO	45.00									
VP OF CONTENT & SR. FELLOW						X		164,275.	0.	9,799.
(5) KEITH LOCKITCH	45.00									
VP OF ED. & SR. FELLOW						X		154,245.	0.	8,657.
(6) ANU SEPPALA	45.00									
DIRECTOR CULTURAL OUTREACH						X		124,118.	0.	16,492.
(7) MARIA TORRE	45.00									
CONTROLLER	10.00			Х				97,275.	0.	9,431.
(8) JUDY LU	1.00									
CONTROLLER				х				15,923.	0.	563.
(9) HARRY BINSWANGER	2.00									
MEMBER		Х						0.	0.	0.
(10) JIM BROWN	2.00									
MEMBER		Х						0.	0.	0.
(11) JOHN ALLISON	2.00									
MEMBER		Х						0.	0.	0.
(12) LARRY SALZMAN	2.00									
MEMBER		Х						0.	0.	0.
(13) ROBERT MAYHEW	2.00									
MEMBER	2.00	Х						0.	0.	0.
(14) TARA SMITH	2.00									_
MEMBER		Х						0.	0.	0.
(15) YARON BROOK	5.00									_
CHAIRMAN OF THE BOARD	2.00	Х		Х				0.	0.	0.
					<u> </u>	<u> </u>				
										Farma <b>990</b> (0001)

132007 12-09-21

Form 990 (2021)

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## 22-2570926 Page 8

Form 990 (2021) THE ADVAN	ICEMENT	OF	' 0	BJ	EC	TI	VI	SM	22-25	570926	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(C				(D)	(E)		(F)
Name and title	Average			Posi	tion			Reportable	Reportable		mated
	hours per		not ch , unles					compensation	compensatio		ount of
	week		cer and					from	from related		ther
	(list any	tor						the	organizations		ensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MIS		m the
	related	e or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		nization
	organizations	ruste	al tru:		99 /66	mper		1099-NEC)		j v	related
	below	dual t	ltion	_	ldu	st co iyee	5				izations
	line)	ndivib	Institutional trustee	Officer	key employee	lighe mplc	Former			J	
		_		0	×	ᆂᇷ	ш.				
					_						
		_									
								1 560 066		0 70	705
1b Subtotal								1,569,966.			,785.
c Total from continuation sheets to Part VI	, Section A					J		0.		0.	0.
d Total (add lines 1b and 1c)						]		1,569,966.		0. 78	,785.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove)	) who	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											6
<u> </u>										۲	Yes No
<b>3</b> Did the organization list any <b>former</b> officer,	director trust	ee k		mnla	over	or	hia	hest compensated empl	ovee on		
	-		•	•	•		Ŭ	• • •		3	x
line 1a? If "Yes," complete Schedule J for su										3	
4 For any individual listed on line 1a, is the su											37
and related organizations greater than \$150										4	<u>x</u>
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om a	any i	unre	late	ed organization or individ	lual for services		
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch p	berso	on .				5	X
Section B. Independent Contractors											
<b>1</b> Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ntra	actor	s th	nat received more than \$	100.000 of comp	ensation fror	n
the organization. Report compensation for t	•	-									
(A)	no calondar y		- TGITT	<u>g</u>			T	(B)		(C)	
(م) Name and business	address							رام) Description of s	ervices	Compens	
KAIZENNOVATIONS LLC							_				
		~						SOFTWARE DEVI	ELOPMENT.	0 5 0	
1495 SPALDING DRIVE, ATLA		. 3	03	50			_	& MARKETING		250	,000.
IDEATION MARKETING GROUP								IT/WEBSITE &			
25731 SAXON WAY, LAKE FOR	EST, CA	. 9	263	30			þ	DIGITIZATION		177	,092.
BROOK MEDIA AND CONSULTIN	G LLC										
	UAN, PR	0	090	01				SPEAKER ENGA	GEMENTS	134	,428.
	,						ſ				, • •
							-+				
2 Total number of independent contractors (ir	ncluding but n	ot lin	nited	to t	hos	e list	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz	ation 🕨				3	5					
										Form 9	<b>90</b> (2021)

132008 12-09-21

8 2021.06000 THE AYN RAND INSTITUTE: 70926Q\_1

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

			2021) THE ADVANCEME	NT OF OBJ	JECTIVISM		22-2570	926 Page <b>9</b>
Pa	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any line	<u>e in this Part VIII</u> <b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S S	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Ū, Ū			Fundraising events 1c					
ifts ar A			Related organizations 1d					
s, G Bils			Government grants (contributions) <b>1e</b>					
ŝ			All other contributions, gifts, grants, and					
her			similar amounts not included above 1f	17,283,939.				
<u>i</u> fi		g	Noncash contributions included in lines 1a-1f	3,422,673.				
anc		h	Total. Add lines 1a-1f		17,283,939.			
				Business Code				
e	2	а	CONFERENCE	611710	359,503.	359,503.		
e Ki		b	TUITION INCOME	611710	200,441.	200,441.		
Se		с	BOOK	451211	27,530.	27,530.		
am eve		d	PROFESSIONAL OUTREACH	611710	2,750.	2,750.		
Program Service Revenue		е						
Ъ		f	All other program service revenue					
		g	Total. Add lines 2a-2f		590,224.			
	3		Investment income (including dividends, intere					
			other similar amounts)		35.			35.
	4		Income from investment of tax-exempt bond p	r i i i i i i i i i i i i i i i i i i i				
	5		Royalties		7,674.			7,674.
			(i) Real	(ii) Personal				
	6		Gross rents 6a 176,814.					
			Less: rental expenses 6b 0.					
			Rental income or (loss) 6c 176,814.		176 014			176 014
	_		Net rental income or (loss)         Gross amount from sales of         (i) Securities	(ii) Othor	176,814.			176,814.
	1	а		(ii) Other				
		•	assets other than inventory <b>7a</b> 1,628,307.					
Ð		D	Less: cost or other basis and sales expenses <b>7b</b> 1,628,307.					
evenue		~	and sales expenses         7b         1,628,307.           Gain or (loss)         7c         0.					
eve			Net gain or (loss)					
Other Re	8		Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
	~		Net income or (loss) from fundraising events	▶				
	9	а	Gross income from gaming activities. See					
		L	Part IV, line 19 9a Less: direct expenses 9b					
			Less: direct expenses 9b Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
	10	a	and allowances10a					
		h	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	· · · · · · · · · · · · · · · · · · ·				
		-		Business Code				
SNC	11	а	MISCELLANEOUS INCOME	611710	476,427.	476,427.		
scellaneo Revenue	••	b			,	, ,		
ella svei		c						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d		476,427.			
	12		Total revenue. See instructions		18,535,113.	1,066,651.	0.	184,523.
13200	9 12-	09-	21					Form <b>990</b> (2021)

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9

#### THE AYN RAND INSTITUTE: THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	<b></b>
	Check if Schedule O contains a respon	( - )		(C)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	130,368.	130,368.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	89,205.	89,205.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	365,509.	365,509.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 1 2 1 5 6 0	600 145	00.000	260 601
	trustees, and key employees	1,131,569.	682,145.	80,803.	368,621.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.01 075		0 000	
	persons described in section 4958(c)(3)(B)	931,875. 2,394,519.	922,555.	9,320.	20 021
7	Other salaries and wages	2,394,519.	2,138,295.	236,193.	20,031.
8	Pension plan accruals and contributions (include	74 220	64 276	2 754	6 200
_	section 401(k) and 403(b) employer contributions)	74,239. 311,865.	64,276. 269,966.	3,754. 15,448.	<u>6,209.</u> 26,451.
9	Other employee benefits	278,919.	240,927.		26,451.
10	Payroll taxes	270,919.		13,096.	24,090.
11	Fees for services (nonemployees):				
	Management	236,099.	4,806.	142,483.	88,810.
		113,198.	83,710.	18,629.	10,859.
	Accounting	113,190.	05,110.	10,029.	10,059.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1,557,201.	1,335,598.	207,037.	14,566.
40	column (A), amount, list line 11g expenses on Sch O.)	46,943.	46,943.	207,037.	14,500.
12	Advertising and promotion	276,299.	241,497.	16,808.	17,994.
13 14	Office expenses	15,050.	13,316.	1,684.	<u> </u>
14 15	Information technology	13,014.	13,014.	1,004.	50.
15 16	Royalties Occupancy	15,828.	4,139.	11,689.	
17	Traval	305,612.	249,660.	46,675.	9,277.
18	Payments of travel or entertainment expenses	50570120	21570001	1070751	572770
10	for any federal, state, or local public officials				
19		690,085.	689,790.	35.	260.
19 20	Interest	41,678.	25,539.	13,550.	2,589.
20 21	Payments to affiliates	,,,,,	,,		_,,
22	Depreciation, depletion, and amortization	550,022.	328,932.	187,694.	33,396.
23	Insurance	38,552.	24,196.	11,845.	2,511.
24	Other expenses. Itemize expenses not covered	,	,	,	,
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BOOKS	536,726.	536,397.	134.	195.
b	OUTREACH	88,479.	54,044.	17,012.	17,423.
c c	TAXES, LICENSES, FEES	47,930.	3,636.	5,260.	39,034.
d	COMPUTER HARDWARE & EQU	10,120.	6,092.	4,028.	
	All other expenses	7,791.	7,791.	_,	
25	Total functional expenses. Add lines 1 through 24e	10,298,695.	8,572,346.	1,043,177.	683,172.
26	<b>Joint costs</b> . Complete this line only if the organization	, ,	-,,	_,,	,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)

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Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

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

22-2570926 Page 11

ar	• • •	Dalance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	376,256.	1	804,619
	2	Savings and temporary cash investments	837,605.	2	6,021,254
	3	Pledges and grants receivable, net	38,630.	3	
	4	Accounts receivable, net	387,883.	4	498,177
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u></u>	7	Notes and loans receivable, net		7	
Assels	8	Inventories for sale or use	201,925.	8	443,805
AS	9	Prepaid expenses and deferred charges	132,346.	9	258,636
		Land, buildings, and equipment: cost or other		-	
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 722,028.	88,384.	10c	1,902,674
	11	Investments - publicly traded securities	89,777.	11	68,307
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16,464,657.	15	17,958,648
	16	Total assets. Add lines 1 through 15 (must equal line 33)	18,617,463.	16	27,956,120
	17	Accounts payable and accrued expenses	1,240,325.	17	1,533,894
	18	Grants payable		18	
	19	Deferred revenue		19	560,922
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,398,280.	25	4,303,926
	26	Total liabilities. Add lines 17 through 25	4,638,605.	26	6,398,742
		Organizations that follow FASB ASC 958, check here  X			- / /
S		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	13,546,565.	27	21,234,664
	28	Net assets with donor restrictions	432,293.	28	322,714
		Organizations that do not follow FASB ASC 958, check here 🕨			
5		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	13,978,858.	32	21,557,378
<	33	Total liabilities and net assets/fund balances	18,617,463.	33	27,956,120
			· · · · · · · · · · · · · · · · · · ·	55	Form <b>990</b> (20)

132011 12-09-21

Form 900 (2021)       THE ADVANCEMENT       OF OBJECTIVISM       22-2570926       Page 12         Part XII       Reconciliation of Net Assets       Image: Check if Schedule O contains a response or note to any line in this Part XI       Image: Check if Schedule O contains a response or note to any line in this Part XI       Image: Check if Schedule O contains a response or note to any line in this Part XI       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: Check if Schedule O contains a response or note to any line in this Part XI.       Image: C		THE AYN RAND INSTITUTE: THE CENTER FOR				
Check if Schedule O contains a response or note to any line in this Part XI         1       Total revenue (must equal Part VIII, column (A), line 12)       1       18,535,113.         2       Total expenses (must equal Part IX, column (A), line 25)       2       10,298,695.         3       Revenue less expenses. Subtract line 2 from line 1       3       8,236,418.         4       13,978,858.       5       -766,205.         5       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       13,978,858.         6       -7766,205.       6       -7766,205.       6         7       Investment expenses       6       -7766,205.         8       108,307.       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       21,557,378.         Part XII       Financial Statements and Reporting       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       2a       X	Form	1990 (2021) THE ADVANCEMENT OF OBJECTIVISM	22-2	570926	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1       18, 535, 113.         2       Total expenses (must equal Part IX, column (A), line 25)       2       10, 298, 695.         3       Revenue less expenses. Subtract line 2 from line 1       3       8, 236, 418.         4       Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       13, 978, 858.         5       Net unrealized gains (losses) on investments       6       -766, 205.         6       -7       investment expenses       6         7       -7       -8       Prior period adjustments       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       10         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       21, 557, 378.         Part XII       Financial Statements and Reporting       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X       X         <	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part X, column (A), line 25)       2       10, 298, 695.         3       Revenue less expenses. Subtract line 2 from line 1       3       8, 236, 418.         4       Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       13, 978, 858.         5       Net unrealized gains (losses) on investments       6       -766, 205.         6       7       -766, 205.         7       8       108, 307.         9       0.       9       0.         10       Rei projend adjustments       8       108, 307.         9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       10       21, 557, 378.          21, 557, 378.       7       10       21, 557, 378.          Check if Schedule 0 contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       The organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0.       2a       X       Yes       N		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part X, column (A), line 25)       2       10, 298, 695.         3       Revenue less expenses. Subtract line 2 from line 1       3       8, 236, 418.         4       Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       13, 978, 858.         5       Net unrealized gains (losses) on investments       6       -766, 205.         6       7       -766, 205.         7       8       108, 307.         9       0.       9       0.         10       Rei projend adjustments       8       108, 307.         9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       10       21, 557, 378.          21, 557, 378.       7       10       21, 557, 378.          Check if Schedule 0 contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       The organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0.       2a       X       Yes       N						
<ul> <li>3 Revenue less expenses. Subtract line 2 from line 1</li> <li>3 8,236,418.</li> <li>4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</li> <li>5 Net unrealized gains (losses) on investments</li> <li>6 -766,205.</li> <li>6 Donated services and use of facilities</li> <li>7</li> <li>8 Prior period adjustments</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in the assets or note to any line in this Part XII</li> <li>21,557,378.</li> </ul> Part XII Financial Statements and Reporting <ul> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>2a X</li> <li>1 Accounting method used to prepare the Form 990:</li> <li>Cash X Accrual Other</li> <li>1 Accounting method used to prepare the Form 990:</li> <li>2a X</li> <li>1 Accounting the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.</li> </ul> 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 H "Yes," check a box below to indicate whether the financial statements for the year were audited o	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       13,978,858.         5       Net unrealized gains (losses) on investments       5      766,205.         6       5       -766,205.         7       1       8         8       Prior period adjustments       8       108,307.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       21,557,378.         Part XIII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, "explain on Schedule O.         2a       Ware the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5       -766,205.         6       0       6         7       Investment expenses       7         8       Prior period adjustments       8       108,307.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       21,557,378.         Part XII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accruai       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, con	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8       108,307.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       21,557,378.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization's financial statements compiled or reviewed by an independent accountant?       Yes       No         2a       X       Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       2b       X         b       Were the organization's financial statements and selection of an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7       Investment expenses       7         8       Prior period adjustments       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       21,557,378.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	5	Net unrealized gains (losses) on investments	5	-766	5,2	05.
8       Prior period adjustments       8       108,307.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       21,557,378.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization's financial statements compiled or reviewed by an independent accountant?       Yes       No         1       Separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         1       Mere the organization's financial statements audited by an independent accountant?       2b       X       Image: Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         1       Mere the organization's financial statements audited by an independent accountant?       2b       X       Image: Separate basis       Consolidated basis       Both consolidated and separate basis       Consolidated basis       Consolidated basis </th <th>6</th> <th>Donated services and use of facilities</th> <th>6</th> <th></th> <th></th> <th></th>	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 21,557,378.   Part XII Financial Statements and Reporting X   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a X   1 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether th	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       21,557,378.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       Image: Consolidated basis, or both:       2b       X       Image: Consolidated basis, or both:       Image: Consolidated basis, or both:       2b       X       Image: Consolidated basis, or both:       Image: Conso	8	Prior period adjustments	8	108	3,3	
column (B)       10       21,557,378.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2a       X       Yes       No         2a       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         2a       Ware the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation the superanization required to undergo an audit or audits as se	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII   1   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Main Statements compiled or reviewed by an independent accountant?   Separate basis   Consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Both consolidated and separate basis   c   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. <th></th> <th></th> <th>10</th> <th>21,557</th> <th>7,3'</th> <th>78.</th>			10	21,557	7,3'	78.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a   3a   b   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2a       3a       X         If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3a	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Con	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       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 Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If the organization did not undergo the required audit       If the organization did not undergo the required audit		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Consolidated audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       Image: Consolidated basis       I	b			<b>2</b> b	X	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis			basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2a       X         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 Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If the organization did not undergo the required audit       If the organization did not undergo the required audit						
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
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       3a       X         Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Comparization did not undergo the required audit		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Control of the organization of the organization did not undergo the required audit		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a		gle Audit			
				3a		<u> </u>
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2021)

132012 12-09-21

Department of the Treasury			omplete if the organ 494 ► A	Public Charity Status and Public Support mplete 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. Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of	the organizati			NSTITUTE: TH				Employer	Inspection identification number			
	ine organizati			T OF OBJECTIV			OR		2-2570926			
Part I	Reason			(All organizations must c		nis part.) S	ee instructior					
The organ				For lines 1 through 12, cl								
1 🗂				n of churches described			I)(A)(i).					
2				Attach Schedule E (Form								
3				anization described in se		(b)(1)(A)(ii	ii).					
4	A medical res	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
	city, and stat	e:										
5	An organizati	on operated fo	or the benefit of a col	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in			
	section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)									
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).					
7 X												
. —	•		omplete Part II.)									
8	-			(1)(A)(vi). (Complete Par								
9 🛄	•			in section 170(b)(1)(A)(				· ·	•			
		or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or			
10	university:	on that norma		than 33 1/304 of its supp	ort from or	ontribution	no momboret	in food and	d gross receipts from			
	0 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 exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment											
				(less section 511 tax) fro								
			mplete Part III.)	(1000 000 1011 011 102.1)		eee aequi		jun				
11				vely to test for public sat	ety. See	section 50	09(a)(4).					
12	-	•	-	vely for the benefit of, to	•			rry out the	purposes of one or			
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3). (	Check the box on			
	lines 12a thro	ough 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.				
a 🗌	<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving			
	the suppor	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting			
	¬ <sup>-</sup>		complete Part IV, Se									
b 🗌	••		•	or controlled in connect			0		•			
		-		anization vested in the sa	ame persoi	ns that co	ntrol or mana	ge the supp	oorted			
- L	¬ ~	. ,	t complete Part IV,						ما المنابع			
С				g organization operated ). <b>You must complete I</b>				ily integrate	a with,			
d	-			orting organization oper				ted organiz	ration(s)			
u	••	-	• •	ation generally must sat				•				
		-		nplete Part IV, Sections	•							
е 🗌	_			written determination from				II, Type III				
	functionally	v integrated, or	Type III non-functior	nally integrated supportin	ng organiza	ation.						
f Ente	er the number	of supported c	organizations									
		0	about the supporte	<u> </u>	(iv) to the orga	pization listed						
	i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)			
	organization	1		above (see instructions))	Yes	No						
									<u> </u>			
Total												

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

22-2570926	Page <b>2</b>
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Schedule A (F	orm 990) 2021	THE A	DVANCEMENT	$\mathbf{OF}$	OBJECTIVISM	22-257092
Part II	Support Schedule for	r Orgar	nizations Describ	ed in	Sections 170(b)(1	)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10374152.	6468953.	8821512.	<u>16652850.</u>	<u>17283939.</u>	59601406.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	10054450	6460050	0001510			
	Total. Add lines 1 through 3	10374152.	6468953.	8821512.	16652850.	17283939.	59601406.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						14420500
	column (f)						14438688.
	Public support. Subtract line 5 from line 4. ction B. Total Support						45162718.
		(-) 0017	(1-) 0010	(-) 0010	(-1) 0000	(-) 0001	(0) Tabal
	ndar year (or fiscal year beginning in)	(a) 2017 10374152.	(b) 2018 6468953.	(c) 2019	(d) 2020	(e) 2021	(f) Total 59601406.
	Amounts from line 4	10574152.	0400955.	0021312.	10052050.		590014000
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,744.	244.	12,402.	3,217.	184,523.	203,130.
•	and income from similar sources	2,744.	244.	12,402.	5,217.	104,525.	203,130.
9	Net income from unrelated business						
	activities, whether or not the		12,680.				12,680.
10	business is regularly carried on Other income. Do not include gain		12,000.				12,0001
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	26,962.	38,538.	4,906.	311,939.	476 427.	858,772.
11	Total support. Add lines 7 through 10	20,502.	50,550.	4,5000	511,555.	1/0/12/1	60675988.
	Gross receipts from related activities.	etc. (see instructio	ne)			12 2	,257,365.
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax y	vear as a section 5		120110000
	organization, check this box and <b>sto</b>	-					
See	ction C. Computation of Publ						
	Public support percentage for 2021 (		-	olumn (f))		14	74.43 %
	Public support percentage from 2020		•			15	79.91 %
	<b>33 1/3% support test - 2021.</b> If the					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the	organization did no	t check a box on l				
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o				
	and if the organization meets the fact	ts-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	0 10% -facts-and-circumstances test	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circum	nstances test, cheo	ck this box and <b>s</b> t	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

	edule A	Form 990	) 2021
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# Schedule A (Form 990) 2021 THE ADVANCEMENT OF OBJECTIVISM Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						•
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						ļ
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		-	-		-	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
	check this box and stop here	<u></u>		<u></u>	<u></u>	-	····· <b>Þ</b>
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020					16	%
Sec	tion D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	<b>21</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2020 Schedule A,	, Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in		
13202	3 01-04-22			_		Schedule	A (Form 990) 2021
			15	<b>`</b>			

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THE ADVANCEMENT OF OBJECTIVISM

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1

2

3a

Yes No

### Part IV Supporting Organizations

Schedule A (Form 990) 2021

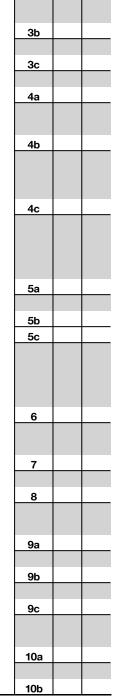
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

#### 22-2570926 Page 5 THE ADVANCEMENT OF OBJECTIVISM Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised. or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations No Yes 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a 3 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations plaved in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** [\_\_] The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)	)	
---	--	---	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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Yes No

	dule A (Form 990) 2021 THE ADVANCEMENT OF OBJ			22-2570926 Page 6					
Pa									
1									
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
C	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting o	rganization (see					

instructions).

Schedule A (Form 990) 2021

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

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Sche Par		NT OF OBJECTIVI a)(3) Supporting Orga			2-2570926	Page 7
Sect	Current Ye	ar				
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					
				-		

Schedule A (Form 990) 2021

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Part IV, Section A, line 1; Part IV, Sect Section D, lines 5, ( (See instructions.)	THE ADVANCEMENT OF OBJECTIVISM       22-2570926       Page 8         Information.       Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;       Page 8         lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, ion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART EMPLOYEE RETENTIO	II, LINE 10, EXPLANATION FOR OTHER INCOME:
2017 AMOUNT: \$	1,910.
2019 AMOUNT: \$	4,906.
2020 AMOUNT: \$	311,939.
2021 AMOUNT: \$	476,427.
GAIN / LOSS	
2017 AMOUNT: \$	13,743.
2018 AMOUNT: \$	31,157.
2020 AMOUNT: \$	0.
ROYALTY INCOME 2017 AMOUNT: \$ 2018 AMOUNT: \$	11,309. 7,381.
132028 01-04-22	Schedule A (Form 990) 2021 2 0

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*	*	PUBLIC	DISCLOSURE	CO

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

THE CENTER FOR

OMB No. 1545-0047

**202**<sup>-</sup>

Employer identification number

22-2570926

THE	ADVANCEMENT	OF	OBJECTIVISM
Organization type (check one):			

Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

THE AYN RAND INSTITUTE:

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

	YN RAND INSTITUTE: THE CENTER FOR DVANCEMENT OF OBJECTIVISM		22-2570926
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
1		\$1,020,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
2		\$440,0	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3		\$3,823,23	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
4		\$1,069,7	94.       Person         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
5		\$501,4	42.       Person         Payroll       Payroll         Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
<u> </u>		\$575,0	00. Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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Employer identification number

	YN RAND INSTITUTE: THE CENTER FOR DVANCEMENT OF OBJECTIVISM		22-2570926
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
7		\$2,035,00	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person          Payroll          Noncash          (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Page **2** 

Employer identification number

Schedule B (Form 990) (2021)	
Name of organization	

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	B (Form 990) (2021)		,	Page <b>3</b>
			Employe	er identification number
	YN RAND INSTITUTE: THE CENTER FOR DVANCEMENT OF OBJECTIVISM		22-	2570926
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
4	STOCK	-		
		\$1,069,7	94.	09/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
5	STOCK	-		
		\$ <u></u> 501,4	42.	09/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		-   -   -		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		- - - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		_ _ _ _ \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		-   -   -   \$		
123453 11-11	1-21			Schedule B (Form 990) (2021)

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Schedule E	3 (Form 990) (2021)		Page					
Name of or	rganization		Employer identification number					
THE AY	YN RAND INSTITUTE: THE	CENTER FOR						
	OVANCEMENT OF OBJECTIVI		22-2570926					
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of <b>\$1,000 or</b>	less for the year. (Enter this info. once.) <b>\$</b>					
	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
F								
		(e) Transfer of gif	it .					
	Transferee's name, address, a	nd <b>7</b> ID $\pm 4$	Relationship of transferor to transferee					
F								
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
	(e) Transfer of gift							
	Transformal name address and ZID : 4							
-	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
	(e) Transfer of gift							
	Transferee's name, address, a	Relationship of transferor to transferee						
F								
(a) No. from	(h) Durrans of sift		(d) Deceriation of how sift is hold					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ŀ								
		(e) Transfer of gif	it					
	Turnet and the second state	ad <b>7</b> 10 - 4	Deletionellie of the set of the set					
ŀ	Transferee's name, address, a	nu <b>ZIP + 4</b>	Relationship of transferor to transferee					
123454 11-11-	-21		Schedule B (Form 990) (2021					
		25						

## 09260630 149072 70926Q

25 2021.06000 THE AYN RAND INSTITUTE: 70926Q\_1

SC	SCHEDULE D Supplemental Financial Statements					
(Forn	n 990)		anization answered "Yes" on Form 990,		2021	
Depart	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Pepartment of the Treasury Attach to Form 990.					
	Aternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
Nam	e of the organization				dentification number	
Der		THE ADVANCEMENT OF			2-2570926	
Par		n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds o	r Accounts. C	omplete if the	
	organization	Tanswered fes off-offit 990, Partiv, in	(a) Donor advised funds	(b) Euroda and	other accounts	
	<b>-</b>			(b) Funds and		
1		nd of year				
2		contributions to (during year)				
3	Aggregate value of					
4		end of year				
5	-		writing that the assets held in donor advised			
•			exclusive legal control?		Yes No	
6	•	<b>c</b>	dvisors in writing that grant funds can be us	•		
			r donor advisor, or for any other purpose co	-	Yes No	
Par	impermissible priva		ganization answered "Yes" on Form 990, Pa		Yes No	
1		ervation easements held by the organizati		it iv, into 7.		
•		of land for public use (for example, recrea	· · · · ·	historically importa	ant land area	
		f natural habitat	·	certified historic st		
		of open space				
2		• •	ied conservation contribution in the form of	a conservation eas	sement on the last	
-	day of the tax year.	<b>o o</b> .			the End of the Tax Year	
а				2a		
b						
	•		ucture included in (a)			
			after 7/25/06, and not on a historic structure			
			·			
3			eased, extinguished, or terminated by the or		the tax	
	year 🕨					
4	Number of states v	where property subject to conservation eas	sement is located			
5	Does the organizat	ion have a written policy regarding the pe	iodic monitoring, inspection, handling of			
	violations, and enfo	prcement of the conservation easements it	holds?		Yes No	
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements	during the year	
	▶					
7		es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements durin	g the year	
	▶\$					
8			e satisfy the requirements of section 170(h)(			
•					Yes No	
9		•	on easements in its revenue and expense st			
			note to the organization's financial statement	ts that describes tr	16	
Par		ounting for conservation easements.	Art, Historical Treasures, or Othe	er Similar Asse	ets.	
		the organization answered "Yes" on Form				
19			8, not to report in its revenue statement and	l balance sheet wo	rks	
Ĩ	e e	· •	blic exhibition, education, or research in furth			
			ncial statements that describes these items.			
b	•		8, to report in its revenue statement and bal	ance sheet works	of	
-	-		exhibition, education, or research in further			
		ng amounts relating to these items:	,		,	
	•	<b>č</b>		▶ \$		
				<b>.</b> .		
2	.,		asures, or other similar assets for financial g			
		ints required to be reported under FASB A				
а	-		~	> \$		
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	s for Form 990.	Sched	ule D (Form 990) 2021	
132051	10-28-21					
			26			

		RAND INST			E CENTE	R FO		~ ~ ~ ~		
		ANCEMENT OF								Page <b>2</b>
Par	t III Organizations Maintaining C								continu	ued)
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other record	s, check an	y of the f	ollowing that	make si	gnificant u	ise of its		
а	X Public exhibition	d		n or ovel	hange progra	m				
	X Scholarly research	u			nange progra					
b	X Preservation for future generations	e		ler						
c	-		. h						VIII	
4	Provide a description of the organization's co							se in Part	AIII.	
5	During the year, did the organization solicit of				-				7	X No
Dar	to be sold to raise funds rather than to be maintenant to								Yes	A NO
T ai	reported an amount on Form 990, Pa		ete if the org	ganizatio	n answered "	res" on	Form 990	, Part IV, I	line 9, or	
10			ion for cont	hributiona	or other and	ata nat i	naludad			
та	Is the organization an agent, trustee, custod		-							
	on Form 990, Part X?							∟	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table	9:					Amount	
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
t	Ending balance								7	<u> </u>
	Did the organization include an amount on F						ity?	L	Yes	No
_	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete							aara baak	(a) Four	waara baali
		(a) Current year	(b) Prior	year	(c) Two year	S Dack	(d) Three y	ears Dack		years back
	Beginning of year balance									153,076.
	Contributions									
	Net investment earnings, gains, and losses								-	153,076.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, co	olumn (a)	) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are	e held an	nd administer	ed for th	e organiza	ition	_	
	by:								`	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fund	s.						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, lin	ie 11a. S	ee Form 990,	, Part X,	line 10.			
	Description of property	(a) Cost or o		• •	or other	• •	ccumulate	d	<b>(d)</b> Book	value
		basis (investr		basis (		ue	preciation			
	Land									
	Buildings			10	0 060		56 01		104	015
	Leasehold improvements				0,968.		56,05			,915.
	Equipment				2,620.		96,19			<u>,429.</u>
	Other				1,114.		569,78			,330.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. column (l</u>	<u>3), line 10</u>	0c.)					,674.
								Schedule	D (Form	990) 2021

Complete if the organization answered "Yes" of (a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d of yoar market value
A) Eta ana del alemán atta a	(b) BOOK value	(c) Method of Valdation. Cost of en	id-oi-year market value
1) Financial derivatives 2) Closely held equity interests			
b) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	1
	escription	_	(b) Book value
(1) 457(B) PARTICIPANT INTERES		S	1,096,703
(2) BENEFICIAL INTEREST IN INS	URANCE		52,878
(3) DEPOSITS AND OTHER ASSETS			149,435
(4) ARI RESERVE FUND (HB&T)			11,451,671
(5) POOLED INCOME BOND FUND			207,304
(6) WFB CHARITY GIFT ANNUITY			107,343
(7) WFB RESERVE TRUST NON-REST			1,843,374
(8) WFB RESERVE TRUST RESTRICT	ED		97,965
(9) INVESTMENT IN DST			2,951,975
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		17,958,648
Part X Other Liabilities.			_
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes	<b></b>		
	Ľ		1,096,703
(2) 457(B) PARTICIPANT INTERES			1,586,960
(3) GIFT ANNUITY OBLIGATION			
(3) GIFT ANNUITY OBLIGATION (4) REFUNDABLE DEPOSIT	~		
(3) GIFT ANNUITY OBLIGATION	S		
(3) GIFT ANNUITY OBLIGATION (4) REFUNDABLE DEPOSIT	S		
<ul> <li>(3) GIFT ANNUITY OBLIGATION</li> <li>(4) REFUNDABLE DEPOSIT</li> <li>(5) OPERATING LEASE LIABILITIE</li> </ul>	S		
<ul> <li>(3) GIFT ANNUITY OBLIGATION</li> <li>(4) REFUNDABLE DEPOSIT</li> <li>(5) OPERATING LEASE LIABILITIE</li> <li>(6)</li> </ul>	S		<u>16,074</u> 1,604,189

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

Schedule D (Form 990) 2021

			TER FOR		
	dule D (Form 990) 2021 THE ADVANCEMENT OF OBJECTIV				2570926 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	17,768,908.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-766,205.	-	
b	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-766,205.
3	Subtract line 2e from line 1			3	18,535,113.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	18,535,113.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	0.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		-	
С	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	0.
Pa	t XIII Supplemental Information.				

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

#### PART III, LINE 1A:

THE INSTITUTE HAS COLLECTIONS THAT ARE HOUSE	D IN THE AYN RAND ARCHIVES, A
SPECIAL COLLECTION OF THE AYN RAND INSTITUTE	, WHICH INCLUDE AYN RAND
PAPERS AS WELL AS OTHER ARTIFACTS OF HISTORI	CAL SIGNIFICANCE AND WORKS OF
ARTS. IN ACCORDANCE WITH ACCOUNTING PRINCIPL	ES GENERALLY ACCEPTED IN THE
UNITED STATES OF AMERICA, THESE ITEMS ARE NO	T CAPITALIZED ON THE FINANCIAL
STATEMENTS.	

PART III, LINE 4:

THE AYN RAND ARCHIVES CONSIST OF TWO MAJOR HOLDINGS: THE AYN RAND PAPERS

AND THE SPECIAL COLLECTIONS.

THE AYN RAND PAPERS COMPRISES THE PERSONAL PAPERS AND EFFECTS LEFT BY AYN

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THE AYN RAND INSTITUTE: THE CENTER FOR         Schedule D (Form 990) 2021       THE ADVANCEMENT OF OBJECTIVISM       22-2570926 Page 5         Part XIII       Supplemental Information (continued)       Continued)
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 X, LINE 2:

THE INSTITUTE IS A PUBLIC CHARITY THAT HAS OBTAINED AN EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND UNDER SIMILAR CODE SECTIONS FOR EACH STATE. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES. THE INSTITUTE IS SUBJECT, HOWEVER, TO FEDERAL AND CALIFORNIA INCOME TAXES ON UNRELATED BUSINESS TAXABLE INCOME AS STIPULATED IN INTERNAL REVENUE CODE SECTION 511 AND Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE ADVANC

REGULATION SECTION 1.511.

THE INSTITUTE ANNUALLY EVALUATES TAX POSITIONS AS PART OF THE PREPARATION OF ITS EXEMPT TAX RETURN. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER TAX POSITIONS THE INSTITUTE TAKES WITH REGARD TO A PARTICULAR ITEM OF INCOME OR DEDUCTION WOULD MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER CURRENT ACCOUNTING GUIDANCE. THE INSTITUTE BELIEVES THAT ITS TAX POSITIONS ARE APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES. THE INSTITUTE'S POLICY IS TO RECOGNIZE INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. AT SEPTEMBER 30, 2022, THE INSTITUTE DID NOT HAVE ANY UNRECOGNIZED TAX BENEFITS. THE INSTITUTE IS NO LONGER SUBJECT TO US FEDERAL, STATE, OR LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS ENDED BEFORE 2018.

Schedule D (Form 990) 2021

SCHEDULE F	Stateme	nt of Act	ivities Outside the Unit	ted Sta	tes -	OMB No. 1545-0047	
(Form 990)			n answered "Yes" on Form 990, Part IV,			2021	
Department of the Treasury			Open to Public				
Internal Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the latest in	formation.		Inspection	
Name of the organization	ICMTMIME.	העד כדו			Employer i	dentification number	
THE AYN RAND INSTITUTE: THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM 22-25709							
			side the United States. Complete	if the organ			
Form 990, Part	IV, line 14b.			_			
			ds to substantiate the amount of its grants he selection criteria used to award the gra			X Yes No	
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its g	rants and ot	her assistance	e outside the	
3 Activities per Region. (	The following Part	I, line 3 table ca	In be duplicated if additional space is nee	ded.)			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (o gram service, specific type (s) in the regio	expenditures for and investments	
EAST ASIA AND THE							
PACIFIC - AUSTRALIA,							
BRUNEI, BURMA,							
CAMBODIA,			ESSAY CONTEST PRIZES			3,100.	
EUROPE (INCLUDING							
ICELAND & GREENLAND)							
- ALBANIA, ANDORRA,							
AUSTRIA, BELGIUM			ESSAY CONTEST PRIZES			3,125.	
SOUTH AMERICA -							
ARGENTINA, BOLIVIA,							
BRAZIL, CHILE,							
COLUMBIA, ECUADOR,			ESSAY CONTEST PRIZES			25.	
SOUTH ASIA -							
AFGHANISTAN,							
BANGLADESH, BHUTAN,							
INDIA, MALDIVES,			ESSAY CONTEST PRIZES			50.	
SUB-SAHARAN AFRICA -							
ANGOLA, BENIN,							
BOTSWANA, BURKINA,							
FASO			ESSAY CONTEST PRIZES			50.	
3 a Subtotal	0	0				6,350.	
b Total from continuation sheets to Part I	0	0				0.	
c Totals (add lines 3a							
and 3b)	0	0				6,350.	

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

Schedule F (Form 990) 2021

132071 12-20-21

Schedule F (Form 990) 2021

22-2570926

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		MIDDLE EAST AND	TO PROVIDE LOCAL					
		NORTH AFRICA -	OUTREACH THROUGH					
		ALGERIA, BAHRAIN,	SPEAKING EVENTS, FREE					
		DJIBOUTI, EGYPT,	BOOKS AND ESSAY	158,656.	WIRE	٥.		
			TO PROVIDE LOCAL					
			OUTREACH THROUGH					
			SPEAKING EVENTS, FREE					
			BOOKS AND ESSAY	90,015.	WIRE	٥.		
			LOCAL OUTREACH					
			THROUGH SPEAKING					
		EUROPE	EVENTS AND MEETUPS	80,000.	WIRE	0.		
2 Enter total number of	recipient organizatio	ns listed above that are i	recognized as charities by the f	oreign country.	recognized as a tax	•		
			or counsel has provided a sect			►		
3 Enter total number of	•	-						

SEE PART V FOR COLUMN (D) DESCRIPTIONS

132072 12-20-21

Schedule F (Form 990) 2021

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

22-2570926

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

Part III can be duplicated if a	dditional space is needed	

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	NORTH AMERICA -						
	CANADA AND						
	MEXICO, BUT NOT						
SCHOLARSHIP	THE UNITED STATES	4	4,208.	WIRE	0.		
	EUROPE (INCLUDING						
	ICELAND &						
	GREENLAND) -						
SCHOLARSHIP	ALBANIA, ANDORRA,	36	20,910.	WIRE	0.		
	SOUTH AMERICA -						
	ARGENTINA,						
	BOLIVIA, BRAZIL,						
SCHOLARSHIP	CHILE, COLUMBIA,	1	1,232.	WIRE	0.		
	MIDDLE EAST AND						
	NORTH AFRICA -						
	ALGERIA, BAHRAIN,						
SCHOLARSHIP	DJIBOUTI, EGYPT,	3	4,137.	WIRE	0.		

Schedule F (Form 990) 2021

Page 3

THE	AYN	RAND	INS	тіл	UTE:	THE	CENTER	FOR
THE	ADVA	NCEME	ENT	OF	OBJECT	IVIS	SM	

Sched	ule F (Form 990) 2021 THE ADVANCEMENT OF OBJECTIVISM	22-2570926	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

THE AYN RAND INSTITUTE: THE CENTER FOR Schedule F (Form 990) 2021 THE ADVANCEMENT OF OBJECTIVISM 2	2-2570926	Page <b>5</b>
Part V Supplemental Information		Tage J
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting m	ethod; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); an	d Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information	. See instructions.	
PART I, LINE 2:		
PROCEDURES VARY DEPENDING ON THE TYPE OF GRANT. SCHOLARSHIP	AND ESSAY	
CONTEST PRIZES DO NOT REQUIRE MONITORING, AS THERE ARE NO ONG	OING	
CONDITIONS AFTER THE SCHOLARSHIP/PRIZE IS AWARDED. GRANTS AR	E PROVIDED	
TO ARI-ISRAEL AS DONATIONS ARE EARMARKED FOR THIS SPECIFIC RE	STRICTION,	
THE FUNDS ARE REMITTED.		
PART II, COLUMN (D):		
(A) REGION:		
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EG	YPT,	
(D) PURPOSE OF GRANT: TO PROVIDE LOCAL OUTREACH THROUGH SPEAK	ING EVENTS	,
FREE BOOKS AND ESSAY CONTESTS, STUDENT CLUBS		
REGION: SOUTH AMERICA		

(D) PURPOSE OF GRANT: TO PROVIDE LOCAL OUTREACH THROUGH SPEAKING EVENTS,

FREE BOOKS AND ESSAY CONTESTS, STUDENT CLUBS

132075 12-20-21

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.												
······································			CENTER FOR	2			Employer identification number						
		OBJECTIVIS	1				22-2570926						
<ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol>													
	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any						
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of noncash assistance       (f) Method of valuation (book, FMV, appraisal, other)       (g) Description of noncash assistance       (h) Purpos													
AUSTIN SHAKESPEARE FESTIVAL P.O. BOX 4589 AUSTIN, TX 78765	74-2420367			PRODUCE A PERFORMANCE OF SCENES FROM AYN RAND'S SCREENPLAY									
WE THE LIVING RESTORATION PROJECT 125 HIGHLAND FOREST DR LAKE WYLIE, SC 29710	12-5303020		110,000.	0.			HELP RESTORE AND PROMOTE THE WE THE LIVING: THE 80TH ANNIVERSORY EDITION MOVIE/FILM						
<ul> <li>2 Enter total number of section 501(c)(3) at</li> <li>2 Enter total number of other organizations</li> </ul>							······· <b>È</b>						
3 Enter total number of other organizations	s listed in the line 1	Laple					······ <b>P</b>						

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

#### THE AYN RAND INSTITUTE: THE CENTER FOR

Schedule I (Form 990) 2021

Part III

ESSAY PRIZES

# THE ADVANCEMENT OF OBJECTIVISM Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance STUDY GRANTS 33,256, 0 SCHOLARSHIPS 33 33,444, 0.

22,505,

0.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

139

PART I, LINE 2:

PROCEDURES VARY DEPENDING ON THE TYPE OF GRANT. SCHOLARSHIPS AND ESSAY

CONTEST PRIZES DO NOT REQUIRE MONITORING, AS THERE ARE NO ONGOING

CONDITIONS AFTER THE SCHOLARSHIP/PRIZE IS AWARDED. LONG-TERM GRANTS SUCH AS

STUDY GRANTS ARE REVIEWED AT LEAST ANNUALLY, DEPENDING ON THE GRANT TERMS.

GRANTEES ARE REQUIRED TO SUBMIT REGULAR PROGRESS REPORTS, TYPICALLY ON A

OUARTERLY BASIS.

PART III LINE 2

22-2570926 Page 2

22-2570926 Page 2

 Schedule I (Form 990)
 THE A

 Part IV
 Supplemental Information

SCHOLARSHIPS DO NOT REQUIRE MONITORING, AS THERE ARE NO ONGOING

CONDITIONS AFTER IT HAS BEEN AWARDED

PART III LINE 1

STUDY GRANTS, WHICH ARE LONG-TERM, ARE REVIEWED ANNUALLY, DEPENDING ON

THE GRANT TERM. GRANTEES ARE REQUIRED TO SUBMIT REGULAR PROGRESS

REPORTS, TYPICALLY ON A QUARTERLY BASIS

Schedule I (Form 990)

132291 04-01-21

SCHEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	00		
(	Compensated Employees		20	21	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>		Inspe		
Name of the organization		Employer id	dentificatio	on nui	mber
	THE ADVANCEMENT OF OBJECTIVISM	22-2	57092	6	
Part I Question	ns Regarding Compensation				
				Yes	No
1a Check the approp	riate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	line 1a. Complete Part III to provide any relevant information regarding these items.				
	charter travel	nal use			
Travel for cor	npanions Payments for business use of personal re	sidence			
Tax indemnif	cation and gross-up payments Health or social club dues or initiation fee	S			
Discretionary	spending account Personal services (such as maid, chauffel	ır, chef)			
<b>b</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	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate which, if a	any, of the following the organization used to establish the compensation of the organization's	i			
CEO/Executive Di	rector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
establish compens	sation of the CEO/Executive Director, but explain in Part III.				
X Compensatio	n committee Written employment contract				
Independent	compensation consultant I Compensation survey or study				
Form 990 of	other organizations I Approval by the board or compensation c	ommittee			
4 During the year, d	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization or a r	elated organization:				
a Receive a severan	ce payment or change-of-control payment?		4a		X
<b>b</b> Participate in or re	ceive payment from a supplemental nonqualified retirement plan?		4b		X
c Participate in or re	ceive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any of I	nes 4a c, list the persons and provide the applicable amounts for each item in Part III.				
Only section 501	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
contingent on the					
					X
	zation?		<b>5b</b>		X
	or 5b, describe in Part III.				
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
contingent on the	-				77
					X X
	zation?		6b		
	or 6b, describe in Part III.				
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				v
	ines 5 and 6? If "Yes," describe in Part III		7		X
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			77
			8		X
	did the organization also follow the rebuttable presumption procedure described in				
	n 53.4958-6(c)?				
LHA For Paperwork	Reduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	1 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021

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

22-2570926

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TAL TSFANY	(i)	333,648.	250,000.	0.	3,000.	9,148.	595,796.	0.
PRESIDENT & CEO, MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CARLA SILK	(i)	201,465.	25,000.	0.	3,000.	6,618.	236,083.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ONKAR GHATE	(i)	179,017.	25,000.	0.	3,000.	9,077.	216,094.	0.
CHIEF PHIL. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELAN JOURNO	(i)	149,275.	15,000.	0.	3,000.	6,799.	174,074.	0.
VP OF CONTENT & SR. FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KEITH LOCKITCH	(i)	139,245.	15,000.	0.	3,000.	5,657.		0.
VP OF ED. & SR. FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

#### Part III Supplemental Information

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

### PART I LINE III

# SALARY IS DETERMINED BY THE BOARD, CONSIDERING FACTORS SUCH AS SALARY,

# SURVEYS AND COMPARABLE ORGANIZATIONS

Schedule J (Form 990) 2021

SCHEDULE L	I	Tra	Insactior	ns V	Vith	Inte	erested	P	ersons			O	ИВ No.	1545-00	)47
(Form 990)	Complete i			swere	d "Yes	" on F	orm 990, Pari	t IV,	line 25a, 25b, 2	6, 27,	28a,		2	02	<b>'1</b>
Department of the Treasury Internal Revenue Service		Gotor		ch to	Form	990 or	Form 990-EZ	<b>Z</b> .					pen T spect		olic
Name of the organizatio			AND INST				IE CENTE			Em	ploye	r ident	•		Imber
	THE AD	VAN	CEMENT O	FO	BJE							709	26		
									n 501(c)(29) orga						
1 Complete i	if the organizatio		vered "Yes" on P Relationship betv						Form 990-EZ, Pa			D.	(d)	Corre	ected?
(a) Name of disqual	lified person	()	person and or				(0	c) De	escription of tran	sactic	n		P-4	es	No
													_		
													+		
2 Enter the amount of section 4958	•		•	•			•	Ũ	the year under		▶ \$				
3 Enter the amount c											<b>&gt;</b> \$				
	o and/or From					Dout \	/ line 29e er F	-			or if th		ninati		
•	n amount on For					, Part V	7, line 38a or F	orm	n 990, Part IV, lin	e 26; (	or it tr	ie orga	nizatio	n	
(a) Name of	(b) Relation	onship	(c) Purpose	(d) Lo	an to or n the	(e	) Original	(f	) Balance due	(g	) In	(h) Ap by bo	proved		Vritten
interested person	with organ	ization	of loan		zation?	princ	pal amount			defa	ault?	comm		agree	ement?
				То	From					Yes	No	Yes	No	Yes	No
															+
															<u> </u>
															<u> </u>
															+
															+
Total	or Assistance	Ber	efiting Inter	ester	d Per	sons	<b>&gt;</b> \$								
	if the organizatio		-												
(a) Name of intere	ested person		(b) Relationship interested pers	son an		(	<b>c)</b> Amount of assistance		<b>(d)</b> Type assistan			•	) Purp assist		ıf
		_	the organiza	alion											
		_													
		_													
											-+				
LHA For Paperwork R	eduction Act N	otice,	see the Instruc	tions	for For	m 990 m	or 990-EZ.				Sche	dule L	. (Fori	n 990	) 2021

# THE AYN RAND INSTITUTE: THE CENTER FOR

Schedule L (Form 990) 2021 THE AD	VANCEMENT OF OBJECT	IVISM	22-2570	926 Page 2
Part IV Business Transactions Involvi	ng Interested Persons.			
Complete if the organization answered	<u>"Yes" on Form 990, Part IV, line 28a, 28</u>	8b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
Part IV         Business Transactions Involving Interested Persons.           Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.           (a) Name of interested person         (b) Relationship between interested person and the organization         (c) Amount of transaction         (d) Description of transaction         (e) Sharing organization				Yes No
Part IV       Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.       (c) Amount of transaction       (d) Description of transaction       (e) Shar organization         (a) Name of interested person       (b) Relationship between interested transaction       (c) Amount of transaction       (d) Description of transaction       (e) Shar organization         YARON BROOK       CHARIMAN OF THE BOA       132,896. CONSULTING       (e) Shar organization         YARON BROOK       CHARIMAN OF THE BOA       132,896. CONSULTING       (e) Shar organization         YARON BROOK       CHARIMAN OF THE BOA       132,896. CONSULTING       (e) Shar organization         YARON BROOK       CHARIMAN OF THE BOA       132,896. CONSULTING       (e) Shar organization         YARON BROOK       CHARIMAN OF THE BOA       132,896. CONSULTING       (e) Shar organization         YARON BROOK       Image: construction or organization       Image: construction organization       (e) Shar organization         Part V       Supplemental Information.       Image: construction or organization       Image: construction organization         Part V       Supplemental Information.       Image: construction organization       Image: construction organization         SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:       (A) NAME OF PERSON: YARON BROOK       Image:				X
art IV       Business Transactions Involving Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of transaction       (d) Description of transaction       (e) Person and the organization         ARON BROOK       CHARIMAN OF THE BOA       132,896. CONSULTING         AROM BROOK       CHARIMAN OF THE BOA       132,896. CONSULTING         AROM Supplemental Information.       Provide additional information for responses to questions on Schedule L (see instructions).       Provide additional information for responses to questions on Schedule L (see instructions).         CH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:       A)       NAME OF PERSON: YARON BROOK         B)       RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:       HARIMAN OF THE BOARD         C)       DESCRIPTION OF TRANSACTION: CONSULTING AND SPEAKING SERVICES W				
	l onses to questions on Schedule L (see i	nstructions).		
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:	
(A) NAME OF PERSON: YARON	BROOK			
(B) RELATIONSHIP BETWEEN II	NTERESTED PERSON AND	ORGANIZATI	ON:	
CHARIMAN OF THE BOARD				
(D) DESCRIPTION OF TRANSAC	TION: CONSULTING AND	SPEAKING S	ERVICES WIT	H
BROOK MEDIA				

Schedule L (Form 990) 2021

132132 11-02-21

	HEDULE M rm 990)		Nonc	ash Contr	ibutions		OMB No. 1545-0047
Depart	ment of the Treasury I Revenue Service	Attach to Form 990			n Form 990, Part IV, lines 29 the latest information.	9 or 30.	2021 Open to Public Inspection
Name	e of the organizatior				E CENTER FOR	Employe	r identification number
	C C	THE ADVANCEM					2-2570926
Par	tl Types of	Property				•	
			(a) Check if	(b) Number of	(c) Noncash contribution	Metho	(d) d of determining
			applicable	contributions or litems contributed	amounts reported on Form 990, Part VIII, line 1g	noncash co	ontribution amounts
1	Art - Works of art				· · · · · · · · · · · · · · · · · · ·		
2		sures					
3		erests					
4		tions					
5		ehold goods					
6		nicles					
7							
8		ty					
9		y traded	Х	12	1,989,590.	FMV	
10		/ held stock					
11	Securities - Partner						
		1, ,					
12	Securities - Miscell						
13	Qualified conserva						
	Historic structures						
14	Qualified conserva	tion contribution - Other					
15	Real estate - Resid						
16	Real estate - Comr	mercial	X		1,433,083.	FMV	
17							
18							
19							
20		l supplies					
21	Taxidermy						
22	Historical artifacts						
23		ns					
24		acts					
25	Other 🕨 (	)					
26	Other  (	)					
27	Other ► (	)					
28	Other ► (	)					
29	Number of Forms	8283 received by the organiz	zation during	g the tax year for co	ontributions		
		nization completed Form 82					
							Yes No
30a	During the year, di	d the organization receive by	y contributio	on any property rep	orted in Part I, lines 1 throug	n 28, that it	
	must hold for at lea	ast three years from the date	e of the initia	al contribution, and	which isn't required to be us	ed for	
	exempt purposes f	for the entire holding period'	?				30a X
b	If "Yes," describe t	the arrangement in Part II.					
31	Does the organizat	tion have a gift acceptance p	policy that re	equires the review o	of any nonstandard contribut	ons?	31 X
32a		tion hire or use third parties		•	cit, process, or sell noncash		32a X
b	If "Yes," describe i						
33	•		olumn (c) fo	r a type of property	for which column (a) is chec	ked,	
	describe in Part II.		( )	,, , , , , , , , , , , , , , , , , , ,	( )	,	
LHA		Reduction Act Notice, see	the Instruc	tions for Form 990	).	Sche	dule M (Form 990) 2021
	•	-					

132141 11-17-21

						ITUTE:		CENTER	FOR		
Schedule M Part II	(Form 990) 2021 Supplementa	l Inforr	nation	Provide	the infor	F OBJE	ired bv Pa	rt I. lines 30b.	32b, and 3	$\frac{22 - 2570926}{3, and whether the organization of the organizat$	Page 2 ation
	is reporting in Par this part for any a	t I, colun	nn (b), th	ne number	r of contri	butions, the	number o	f items receive	ed, or a con	nbination of both. Also com	plete
132142 11-17-2	1									Schedule M (Form	ı 990) 2021
						46	5				

09260630 149072 70926Q

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

 Supplemental Information to Form 990 or 990-EZ

 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 Form 990-EZ.

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

 THE AYN RAND INSTITUTE:
 THE CENTER FOR

 THE ADVANCEMENT OF OBJECTIVISM
 2



FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHILOSOPHY OF OBJECTIVISM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PURSUE THEIR OWN HAPPINESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SPEAKERS TO ADDRESS STUDENT AND GENERAL AUDIENCES OUTSIDE THE UNITED

STATES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THE ESSENTIALS OF OBJECTIVISM, HAD 93 APPLICANTS AND ADMITTED 55 STUDENTS. FACULTY TAUGHT 9 COLLEGE-LEVEL COURSES TOTALING 276 COURSE HOURS TO 170 UNIQUE PARTICIPANTS. A TOTAL OF 92 TUITION SCHOLARSHIPS WERE GRANTED TO DESERVING STUDENTS. A TOTAL OF 8 FELLOWS PARTICIPATED IN THE JUNIOR FELLOW PROGRAM, WHICH IS AN ADVANCED TRAINING PROGRAM THAT OFFERS INSTRUCTION TO COMMITTED STUDENTS, AS WELL AS CAREER GUIDANCE, MENTORING, AND FINANCIAL ASSISTANCE. NEW IDEAL, WHICH IS ARI'S OFFICIAL JOURNAL, PUBLISHED 94 ARTICLES AND 55 PODCASTS IN FY2022, APPLYING OBJECTIVISM TO EXPLAIN MAJOR ISSUES IN THE CULTURE AND PROMOTING THE OTHER WORK OF THE INSTITUTE. THE PODCASTS ARE WEEKLY LIVESTREAMS ON SOCIAL MEDIA FEATURING OUR INTELLECTUAL TEAM AND JUNIOR FELLOWS, COMMENTING ON TOPICS OF RELEVANCE TO MODERN TIMES AND THE WORKS OF AYN RAND. FIVE NEW ARI CAMPUS COURSES WERE ADDED TO THE CATALOG OF ON-DEMAND CONTENT IN FY2022. THE ARI CAMPUS COURSE VIDEOS RECEIVED OVER 121K HOURS OF VIEWS ACROSS ALL PLATFORMS: WEBSITE, APP LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21

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Employer identification number 22 - 2570926

AND YOUTUBE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PAPERS; AND THE EARLY BUSINESS RECORDS OF THE INTELLECTUAL ACTIVIST

NEWSLETTER. THE ARI ESTORE (ESTORE.AYNRAND.ORG) CONTINUED TO SELL

HUNDREDS OF DOWNLOADABLE RECORDINGS ON OBJECTIVISM AND RELATED TOPICS.

IN FY2022, THE NUMBER OF DIGITAL COURSES AND LECTURES SOLD TOTALED OVER

300 ITEMS, IN ADDITION TO OVER 500 BOOKS SOLD.

FORM 990, PART VI, SECTION B, LINE 11B:

AN ELECTRONIC COPY OF THE 990 IS PROVIDED TO EACH MEMBER OF THE BOARD

BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. WE COMPLETE A REVIEW

OF THE PRIOR YEAR RETURN FOR SIGNIFICANT CHANGES AND REVIEW OUR FINANCIAL

STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH OFFICER & DIRECTOR ANNUALLY SIGNS AN ACKNOWLEDGMENT STATING THAT THEY HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE CONFLICT OF INTEREST POLICY. GOVERNANCE COMMITTEE HAS A REVIEW PROCEDURE FOR BUSINESS DEALINGS AMONG BOARD MEMBERS AND OFFICERS.

FORM 990, PART VI, SECTION B, LINE 15A:

FOR THE EXECUTIVE DIRECTOR, THE BOARD DETERMINES THE SALARY, CONSIDERING

FACTORS SUCH AS SALARY SURVEYS AND COMPARABLE ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990, GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE

48

PROVIDED UPON REQUEST.

132212 11-11-21

Schedule O (Form 990) 2021 Name of the organization THE AYN RAND INSTITUTE: THE CENTER FOR	Page 2 Employer identification number
THE ADVANCEMENT OF OBJECTIVISM	22-2570926
AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON	THE
ORGANIZATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	1,335,598.
MANAGEMENT AND GENERAL EXPENSES	207,037.
FUNDRAISING EXPENSES	14,566.
TOTAL EXPENSES	1,557,201.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,557,201.
FORM 990, PART XII, LINE 2C	
PROCESS THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE A	UDIT, OF ITS
FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOU	NTANT HAS NOT
CHANGED FROM THE PRIOR YEAR.	
132212 11-11-21	Schedule O (Form 990) 2021

SCHEDULE R		rtnerships			OMB No. 1545	5-0047			
(Form 990)	► Com	plete if the organization answered	l "Yes" on Form 990, Part IV, I		37.		202	21	
Department of the Treasu	iry		ttach to Form 990.				Open to P	ublic	
Internal Revenue Service		► Go to www.irs.gov/Form990	of for instructions and the lates NTER FOR	st information.		Inspection Employer identification numb			
Name of the organ		NT OF OBJECTIVISM				22-25		umber	
Part I Identifi	cation of Disregarded Entities. Compl	ete if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.					
	(a)	(b)	(c)	(d)	(e)		(f)		
Name, a	address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state c foreign country)	or Total income	End-of-year as	ssets Dir	rect controlling entity	g	
		_							
		_							
		_							
		-							
Part II Identifiorganiz	cation of Related Tax-Exempt Organiz ations during the tax year.	ations. Complete if the organizatio	n answered "Yes" on Form 990	D, Part IV, line 34, becau	use it had one or	more related tax	(-exempt		
	(a)	(b)	(c)	(d)	(e)	(f)	Section	<b>g)</b> 512(b)(13)	
r	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or		ublic charity tus (if section	Direct controlli entity	ng <sub>cont</sub>	trolled tity?	
	or related organization		foreign country)		501(c)(3))	ontry	Yes	No	
ANTHEM FOUNDAT	ION FOR OBJECTIVIST								
	91-2145352, 6 HUTTON CENTRE								
DRIVE #600, SA	NTA ANA, CA 92707	EDUCATION GRANTS	CALIFORNIA	501(C)(3) LIN	E 12A, I N/	Α	X		
		_							
		-							
		_							
		_							

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

Schedule R (Form 990) 2021

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

#### Schedule R (Form 990) 2021 THE

22-2570926 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	l) (ł	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	l or Percentage ing ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	10
	-										
										+	
	-										
	-										
	-										
	1										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(b contr enti	i) :tion b)(13) rolled tity?
		country)						Yes	No
									<u> </u>

# THE AYN RAND INSTITUTE: THE CENTER FOR

Schedule R (Form 990) 2021

THE ADVANCEMENT OF OBJECTIVISM

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		X
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.			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
ANTHEM FOUNDATION FOR OBJECTIVIST (1) SCHOLARSHIP	E	4,952.	FMV
<u>(</u> 2)			
<u>(</u> 3)			
<u>(</u> 4)			
<u>(</u> 5)			
<u>(</u> 6)			

# THE AYN RAND INSTITUTE: THE CENTER FOR 1 THE ADVANCEMENT OF OBJECTIVISM

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?	<b>(g)</b> Share of end-of-year assets	(h) Dispro tiona allocatio	) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	<b>(k)</b> Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

Schedule R (Form 990) 2021

Part VII	Supplemental	Information

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

Schedule R (Form 990) 2021

132165 11-17-21

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