DLN: 93493130008323

Form **990** 1

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Internal	Neverlue		► The organization may have to use a copy	•	, ,		Inspection
A Fo	r the 2	2011 ca	endar year, or tax year beginning 07-01-2011	and ending 06-30-201	.2		
B Che	eck if ap	pplicable	C Name of organization Answers In Genesis Inc			D Employer ide	entification number
☐ Add	ress ch	nange			_	33-059642	
Na	me char	nge	Doing Business As AiG			E Telephone nu	ımber
☐ Init	ial retur	m	Number and street (or P O box if mail is not delivere	d to street address) Room/s	uite	(859)727-	
☐ Ter	mınated	d	2800 Bullittsburg Church Road	,		G Gross receipts	\$ 24,545,727
┌ Am	ended r	return	City or town, state or country, and ZIP + 4		_		
┌ App	plication	pending	Petersburg, KY 41080				
		ľ	F Name and address of principal officer		H(a) Is thus	a group returi	n for
			Ken Ham		affiliat		⊤Yes ▼ No
			2800 Bullittsburg Church Road Petersburg, KY 41080				
					1	affiliates includ	led? Yes No (see instructions)
I Ta	x-exem	npt status	▼ 501(c)(3)	947(a)(1) or		exemption nu	•
J W	ebsite	e: ► www	answersingenesis org				
K For	n of ord	nanization	✓ Corporation Trust Association Other ►		L Year of form	nation 1993 N	1 State of legal domicile KY
	rt I	Sumi			2 rear or ion	101011 1999	State of legar dofficie 107
			scribe the organization's mission or most sigr	uficant activities			
			im the absolute truth and authority of the Bibl		ate the relevanc	e of a literal G	enesis to the church
ሧ	<u> </u>	and the w	orld today with creativity We obey God's call	to deliver the message	of the Gospel, I	ndıvıdually and	d collectively
Ě	-						
Ě	-						
Activities & Governance	2 0	Check th	s box 🛏 if the organization discontinued its	operations or disposed	of more than 2.5	% of its net a	ssets
ن ا			f voting members of the governing body (Part	*		3	8
χο Vi			f independent voting members of the governin			4	7
Œ.	1		ber of individuals employed in calendar year.			5	351
ਓ			ber of volunteers (estimate if necessary) .			6	305
⋖	1		elated business revenue from Part VIII, colun			7a	399,206
	1		ated business taxable income from Form 990			7b	0
				.,	Prior		Current Year
	8	Contrib	utions and grants (Part VIII, line 1h)			7,164,561	7,124,102
≗	9		n service revenue (Part VIII, line 2g)			5,328,269	5,284,141
듄	10	_	• • • • • • • • • • • • • • • • • • • •		—	85,968	-60,599
-							
Revenue	11	Othern	evenue (Part VIII, column (A), lines 5, 6d, 8d	:, 9c, 10c, and 11e)		6,791,619	7,063,785
Нэу			evenue (Part VIII, column (A), lines 5, 6d, 8d evenue—add lines 8 through 11 (must equal P			6,791,619	7,063,785
— He-	11	Total re		art VIII, column (A), lır		19,370,417	7,063,785
Hey.	11 12 13	Total ro 12) . Grants	evenue—add lines 8 through 11 (must equal P	art VIII, column (A), lir		19,370,417	19,411,429
Rey	11 12 13 14	Total re 12) . Grants Benefit	evenue—add lines 8 through 11 (must equal P	art VIII, column (A), lir , lines 1-3) line 4)		19,370,417	19,411,429
_	11 12 13	Total ro 12) . Grants Benefit Salarie	evenue—add lines 8 through 11 (must equal P	art VIII, column (A), lir , lines 1-3) line 4)		19,370,417	19,411,429 0 0
	11 12 13 14 15	Total ro 12) . Grants Benefit Salarie 5–10)	and similar amounts paid (Part IX, column (A), spaid to or for members (Part IX, column (A), so, other compensation, employee benefits (Part IX)	art VIII, column (A), lir), lines 1–3) line 4) rt IX, column (A), lines		19,370,417 0 0	19,411,429 0 0 10,435,800
_	11 12 13 14 15	Total re 12) . Grants Benefit Salarie 5-10) Profess	and similar amounts paid (Part IX, column (A), other compensation, employee benefits (Part IX, column (A), other compensation, employee benefits (Part IX, column (A), lift (Part IX), column (A), lif	art VIII, column (A), lir), lines 1-3) line 4) rt IX, column (A), lines		19,370,417	19,411,429 0 0
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	11 12 13 14 15 16a b	Total re 12). Grants Benefit Salarie 5-10) Profess Total fur	and similar amounts paid (Part IX, column (A), so paid to or for members (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), lind draising expenses (Part IX, column (D), line 25) \$\inspeces^{900,0}\$ xpenses (Part IX, column (A), lines 11a-11c	art VIII, column (A), lir), lines 1-3) line 4) rt IX, column (A), lines me 11e) 002 l, 11f-24e)		19,370,417 0 0 10,081,345 0	19,411,429 0 0 10,435,800 0 9,373,835
_	11 12 13 14 15 16a b 17	Total re 12). Grants Benefit Salarie 5-10) Profess Total fur Other 6 Total e	and similar amounts paid (Part IX, column (A), so paid to or for members (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), linder assing expenses (Part IX, column (D), line 25) \$\int_{\text{900,0}}^{\text{900,0}}\$ xpenses (Part IX, column (A), lines 11a-11c expenses Add lines 13-17 (must equal Part IX).	art VIII, column (A), lir), lines 1-3)		19,370,417 0 0 10,081,345 0 9,829,290 19,910,635	19,411,429 0 0 10,435,800 0 9,373,835 19,809,635
Expenses	11 12 13 14 15 16a b	Total re 12). Grants Benefit Salarie 5-10) Profess Total fur Other 6 Total e	and similar amounts paid (Part IX, column (A), so paid to or for members (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), lind draising expenses (Part IX, column (D), line 25) \$\inspeces^{900,0}\$ xpenses (Part IX, column (A), lines 11a-11c	art VIII, column (A), lir), lines 1-3)		19,370,417 0 0 10,081,345 0 9,829,290 19,910,635 -540,218	19,411,429 0 0 10,435,800 0 9,373,835 19,809,635 -398,206
Expenses	11 12 13 14 15 16a b 17	Total re 12). Grants Benefit Salarie 5-10) Profess Total fur Other 6 Total e	and similar amounts paid (Part IX, column (A), so paid to or for members (Part IX, column (A), so, other compensation, employee benefits (Part IX, column (A), linder assing expenses (Part IX, column (D), line 25) \$\int_{\text{900,0}}^{\text{900,0}}\$ xpenses (Part IX, column (A), lines 11a-11c expenses Add lines 13-17 (must equal Part IX).	art VIII, column (A), lir), lines 1-3)		19,370,417 0 0 10,081,345 0 9,829,290 19,910,635 -540,218 of Current	19,411,429 0 0 10,435,800 0 9,373,835 19,809,635
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May the IRS discuss this return with the preparer shown above? (see instructions) . .

▼Yes 「No

Par	t III	Statement of Check if Schedule			lishments Jestion in this Part II	I	
1	Briefl	ly describe the org	anızatıon's mıssı	on			
						e relevance of a literal Genesi individually and collectively	s to the church and the
2	Did th	ne organization und rior Form 990 or 99	lertake any signif 90-EZ?	ficant program se	rvices during the yea	er which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these	new services on	Schedule O			
3	servi	ces [?]			t changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these	changes on Sch	edule O			
4	exper	nses Section 501(c)(3) and 501(c))(4) organizations	and section 4947 (a	hree largest program services)(1) trusts are required to rep ich program service reported	
4a	(Code	e) (Expenses \$	7,869,557	ıncludıng grants of \$) (Revenue \$	4,874,551)
		tion Museum - The Cre ne fiscal year ending Ju			cınnatı/Northern Kentucky	area, completed its fifth year of op	erations in May 2012 Attendance
4b	(Code	e) (Expenses \$	4,564,309	ıncludıng grants of \$) (Revenue \$	6,421,128)
						urpose are made available through p ng the fiscal year ending June 30, 20	
	(Code	e) (Expenses \$	2,297,294	including grants of \$) (Revenue \$)
	the U world provid Answe and fo large secon	Inited Kingdom, but als lwide distribution of ove de creation resources to ers in Genesis also had foreign fields by providi conference in Asia and	to to a limited number 300,000 copies du the general public 9 8 million active us ng funds, resource m funded a Russian tra	er of subscribers in of iring the fiscal year e During fiscal year 20 sers on Facebook Mi naterials, and speake anslation project Mil	ther countries, including Canding June 30, 2012 Mir i12, 12 1 million visits wer inistry Outreach (Missions) irs In the fiscal year endir inistry Outreach (Radio) - 1	ew publication, primarily for distribut anada, Australia, and other locations nistry Outreach (Internet) - The Answ e made to our websites resulting in - The organization supports mission ing June 30, 2012, our WorldWide ou In May 2012, Answers in Genesis sw a literal interpretation of the Bible a	Answers Magazine had a vers in Genesis website is used to over 31 million pageviewsrelated activities on the home treach team participated in a litched from a 90-second to a 60-
	(Code	e.) (Expenses \$	1,405,428	ıncludıng grants of \$) (Revenue \$	409,590)
	Mınıst	try Outreach (Seminars) - Seminars and oth	ner speaking engage	ments are designed to edi	ucate the public/church about scienti 012 with a total attendance of 128,5	fic, moral and social issues
4d		er program service penses \$	-	chedule O) ncluding grants o	of \$) (Revenue \$	409,590)
40	Tota	l program service d	vnoncoc i -¢	16 136 58	<u>β</u>		

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Form **990** (2011)

Form 990 (2011)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II"	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\square}	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II.	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

ē	Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response to any question in this Part V	•	.F	
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	Ľ
	1a 110			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
l	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 2a 351			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	L
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►CA , AS			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Г
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			Г
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
ь	services provided to the payor?	7b	Yes	H
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			T
	file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		
f	contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		\vdash
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	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			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
-	,	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		\vdash
_	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			Γ
_	the states in which the organization is licensed to issue qualified health plans [13b]			
	Enter the aggregate amount of reserves on hand			Í

14a Did the organization receive any payments for indoor tanning services during the tax year?

 ${f b}$ If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .

Νo

14a

13c

2800 Bullittsburg Church Road Petersburg,KY 41080 (859) 727-2222

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O	contains a response to any question in this Part VI					. 모

Se	ction A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year				
b	Enter the number of voting members included in line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No	
6	Did the organization have members or stockholders?	6		No	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	H		110	
	more members of the governing body?	7a		No	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?	8a	Yes		
b	Each committee with authority to act on behalf of the governing body?	8b	Yes		
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th organization's mailing address? If "Yes," provide the names and addresses in Schedule O				
	ction B. Policies (This Section B requests information about policies not required by the Internal				
<u></u>	venue Code.)		Yes	No	
100	Did the erganization have local chapters, branches, or affiliates?	10a	165	No	
	Did the organization have local chapters, branches, or affiliates?	104		NO	
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin the form?				
b	b Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	L2a Did the organization have a written conflict of interest policy? If "No," go to line 13				
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give				
c	rise to conflicts?	12b	Yes		
	ın Schedule O how this was done				
	13 Did the organization have a written whistleblower policy?				
	14 Did the organization have a written document retention and destruction policy?				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	a The organization's CEO, Executive Director, or top management official				
b	b Other officers or key employees of the organization				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			
Se	ction C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, FL, G MA, MD, ME, MI, MN, MS, MO, NC, NY, OH, OK, OR, PA, RI, SC, TN, U WI	ND,	IH, NJ	,NM,	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the James Hatton	ne orga	nızatıor	n -	

Form 990 (2011) Page **7**

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

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

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

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

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated hours amount of other more than one box. compensation compensation per unless person is both from the from related compensation organization (Wweek an officer and a organizations from the (describe director/trustee) 2/1099-MISC) (W-2/1099organization and hours MISC) related Highest compensati employee for organizations Individual trustee or director Institutional S S related organizations employ Former ın Schedule Trustee 0) ě 헲 (1) Dan Manthei 20.00 Х 0 0 Board member (2) Tim Dudley 20.00 0 Board member (3) Craig Baker 20.00 Х o 0 0 Board member (4) Dan Chin 20.00 Χ 0 Board member (5) Dan Wooster 20.00 Х 0 Board member (6) Tony Biller 20.00 Х Х 0 0 Vice Chairman (7) Don Landis Χ Х 0 20 00 Chairperson (8) Kenneth Ham 50.00 Х х 134.363 42.263 Président/CEO (9) John Pence 50 00 Х 91,308 0 4,732 Secretary/General Counsel (10) James Hatton 50.00 Х 87,606 12,066 Chief Financial Officer

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (describe hours	unles: an	on (d e tha	n one son er ar	e bo: is bo nd a	×, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
		l eau	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
1b	Sub-Total				٠.	<u> </u>		<u> </u>		Ī	
С	Total from continuation sheets t							P			
d	Total (add lines 1b and 1c) .							*	313,277	0	59,061
2	Total number of individuals (inclu \$100,000 of reportable compens					ted	above) who	received more tha	n	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Joseph David Advertising PO Box 1176 Munice, IN 47308	Advertising	799,201
Cadmus Specialty Publications PO Box 822934 Philadelphia, PA 19182	Printing	636,743
United Parcel Service Lock Box 577 Carol Stream, IL 60132	Shipping	513,130
Bramkamp Printing Co 9933 Alliance Road Cincinnati, OH 45242	Printing	427,234
Con-Way Freight PO Box 5160 Portland, OR 97208	Shipping	128,244
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶6

					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated business	Revenue excluded from
						function revenue	revenue	tax under sections
						revenue		512,513,or
w w	1a	Federated campaigns .	. 1a					514
計量	ь	Membership dues						
₽ĕ	c	Fundraising events						
تة ⊯ ا	d	Related organizations .						
9.5	e	Government grants (contribution						
Si,Si	f	All other contributions, gifts, gra	,	7,124,102				
真酒		sımılar amounts not ıncluded al	bove					
真豆	g	Noncash contributions in 397,735 lines 1a-1f \$	cluded in					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f.	 .	▶	7,124,102			
				Business Code				
1	2a	Creation Museum		713990	4,874,551	4,874,551		
93 93	ь	Seminar Registration		900099	409,590	409,590		
9.	c							
Ĭ.	d	-						
ين ح	e							
Ē	f	All other program service	revenue					
Program Service Revenue	_	Total Addings 25 2f		-	F 394 141			
	g 3	Total. Add lines 2a-2f. Investment income (inclu		-	5,284,141			
		and other similar amounts	-	. F	33,547			33,547
	4	Income from investment of tax		-				
	5	Royalties		•	123,688			123,688
		(ı) R		(II) Personal				
	6a	Gross rents	51,619					
	Ь	Less rental expenses	35,113					
	С	Rental income or (loss)	16,506					
	d	Net rental income or (loss	s)		16,506		2,525	13,981
		(ı) Sec		(II) Other				
	7a	Gross amount from sales of	879,912					
		assets other than inventory						
	ь	Less cost or other basis and	974,058					
		sales expenses Gain or (loss)	-94,146					
	c d	Net gain or (loss)			-94,146			-94,146
	8a	Gross income from fundra			,			,
<u> </u>		events (not including						
듄		\$ of contributions reported	on line 1c)					
<u>\$</u>		See Part IV, line 18 .						
as as			а					
Other Revenue	Ь	Less direct expenses .		events ►				
0	c 9a	Net income or (loss) from Gross income from gamin	_	events ·				
		See Part IV, line 19						
			a					
	Ь	Less direct expenses .						
	С 10а	Net income or (loss) from		vities				
	100	Gross sales of inventory, returns and allowances						
			a	10,499,771				
	ь	Less cost of goods sold		4,125,127		5 424 420	45.404	
	С	Net income or (loss) from			6,374,644	6,421,128	-46,484	
	11a	Miscellaneous Revenue		Business Code 511120	344,825		247,208	97,617
	b	Advertising Revenue FOTO FX		900099	158,096		158,096	3,,01,
	c	Other Revenue		900099	27,506		19,341	8,165
	d	All other revenue			18,520		18,520	-,
	e	Total. Add lines 11a-11d	l				,	
			-	▶	548,947			
	12	Total revenue. See Instru	ictions .	►	19,411,429	11,705,269	399,206	182,852

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 2 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 372,338 141,300 117,335 113,703 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,722,030 Other salaries and wages 8,076,506 1,188,038 166,438 Pension plan contributions (include section 401(k) and section 8 35,380 28,800 5,436 403(b) employer contributions) 1.144 Other employee benefits 1,302,844 1,074,815 192,966 35,063 10 Payroll taxes . 648,732 528,085 99,678 20,969 11 Fees for services (non-employees) Management а Legal b c Accounting 81,912 61,420 19,446 1,046 d Lobbying . . . Professional fundraising See Part IV, line 17 . . е Investment management fees Other 1,012,659 759,326 240.402 12,931 722,086 688,912 31,167 2,007 Advertising and promotion 12 13 Office expenses 719,428 616,269 82,402 20,757 14 Information technology . . . 15 Royalties . . 16 754,194 714,108 24,846 15,240 731,184 602,622 92,189 36,373 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 205,690 138,316 50,085 20 17,289 Payments to affiliates 21 22 Depreciation, depletion, and amortization 2,917,526 2,471,028 348,635 97,863 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 498,983 98,860 Contracts and Leases 612,843 15,000 b Postage and Shipping 596,767 342,960 81,014 172,793 c Printing 410,983 254,546 14,242 142,195 304,418 Maintenance and Repairs 330,471 25,849 d 204 All other expenses 278,092 188,650 60,455 28,987 25 Total functional expenses. Add lines 1 through 24f 19,809,635 2,773,045 16,136,588 900,002 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part X				Page 11
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	1,064,626	1	1,544,261
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	1,454,049	4	2,221,596
5	Receivables from current and former officers, directors, trustees, key employees, highest compensated employees Complete Part II of	and		
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ persons described in section $4958(c)(3)(B)$ Complete Part II of) and		
,,	Schedule L		6	
Assets	Notes and loans receivable, net		7	
တ္တု 8	Inventories for sale or use	1,736,747	8	2,023,088
⋖ 9	Prepaid expenses and deferred charges	47,949	9	62,805
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a	982,453		
b	Less accumulated depreciation 10b 16,	512,439 20,960,008	10c	20,470,014
11	Investments—publicly traded securities	859,870	11	621,672
12	Investments—other securities See Part IV, line 11	973,722	12	971,957
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	1,959,039	15	391,118
16	Total assets. Add lines 1 through 15 (must equal line 34)	29,056,010	16	28,306,511
17	Accounts payable and accrued expenses .	2,803,344	17	1,966,593
18	Grants payable		18	
19	Deferred revenue	4,708,378	19	5,152,990
20	Tax-exempt bond liabilities		20	
21 م	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
윤	persons Complete Part II of Schedule L		22	
<u> </u>	Secured mortgages and notes payable to unrelated third parties	3,120,935	23	3,163,448
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	261,269	35	259,602
26	D	10,893,926		10,542,633
26	Total liabilities. Add lines 17 through 25	10,693,920	26	10,342,633
S S S	Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
<u></u>	Unrestricted net assets	17,397,365	27	16,884,146
<u>주</u> 28	Temporarily restricted net assets	764,719	28	879,732
글 29	Permanently restricted net assets		29	
Assets or Fund Balances 22 28 29 30 31 32	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
<u>ي</u> 30	Capital stock or trust principal, or current funds		30	
∯ 31	Paid-in or capital surplus, or land, building or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds		32	
절 33	Total net assets or fund balances	18,162,084	33	17,763,878
2 34	Total liabilities and net assets/fund balances	29,056,010	34	28,306,511

Pa	rt XI Reconcilliation of Net Assets Check If Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19,4	11,429
2	Total expenses (must equal Part IX, column (A), line 25)	2		19,8	309,635
3	Revenue less expenses Subtract line 2 from line 1	3		-3	398,206
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18,	162,084
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		17,7	763,878
Pai	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		
			F	orm 99 0	(2011)

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SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Public Charity Status and Public Support

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

DLN: 93493130008323 OMB No 1545-0047

internal	Revenue	e Service		Attach to I	Form 990 or I	Form 990-EZ	. F See separ	rate instruc	tions.		Inspect	ion
		e organı							Employer	ident if icat i	ion numbe	r
Answe	ers in G	ienesis Inc							33-0596	122		
Pa	rt I	Reas	on for Pi	ublic Charity Sta	tus (All or	nanizations	s must com	nlete this r			<u> </u>	
				te foundation becaus						noti detion.		
1	Ĕ		•	ion of churches, or a	•			•	•			
2	Ē			d in section 170(b)(1			-	,,,,,,,				
3	Ė				rative hospital service organization described in section 170(b)(1)(A)(iii).							
4	Γ	A medi	cal researc	h organization opera ity, and state	_					(1)(A)(iii).	Enter the	
5	Γ			perated for the benefi		or universi	ty owned or o	perated by	a governmer	ntal unit des	cribed in	
6	\vdash			r local government o	-	tal unit deco	rihad in sacti	ion 170(h)(11(4)(9)			
7	<u>'</u>			at normally receives	_					from the aei	neral nublu	_
•	,	describ	oed in	(A)(vi) (Complete P		ir purc or its	зарроге пош	a governme	intal anic of	from the ger	nerar pabir	-
8	Г	A comi	munity trus	t described in sectio i	170(b)(1)(A)(vi) (Cor	mplete Part II	[)				
9	~	An org	anızatıon th	at normally receives	(1) more th	an 331/3%	of its support	from contri	butions, mei	mbership fee	es, and gro	ss
		receipt	s from activ	vities related to its e	xempt functi	ons—subjec	t to certain e	xceptions, a	and (2) no m	ore than 33	1/3% of	
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ess taxable in	come (less	section 511	tax) from b	usinesses	
		acquire	ed by the or	ganızatıon after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pa	rt III)			
10	Γ	An org	anızatıon or	ganized and operate	d operated exclusively to test for public safety See section 509(a)(4).							
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Of the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other								.Check			
e	Γ	other t	-	oox, I certify that the ion managers and ot	_					•		
f		If the c	organization this box	received a written d						III support	ing organi	zation,
g			august 17, ng persons?	2006, has the organ	ization accep	oted any giπ	or contributi	on from any	ortne			
				rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	cribed in (ii)	Yes	No
		and (III) below, the	governing body of th	ne the suppoi	rted organiz	atıon?			11	g(i)	
		(ii) a fa	amıly memb	er of a person descri	bed in (i) abo	ove?				119	g(ii)	
		(iii) a 3	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			110	g(iii)	
h		Provide	e the followi	ng information about	the support	ed organızat	ion(s)				•	
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi Is t organiza col (i) or in the l	he Ition in ganized	A mo	vii) ount of port?
				instructions))	Yes	No	Yes	No	Yes	No		
												· · · · · · · · · · · · · · · · · · ·
Tota	I		1						1			

Support Schedule for Organizations Described in IRC 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.)

_	all a A D blis C and t	· g	<u> </u>		дологи, р.		
	ection A. Public Support				1		1
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
	grants ")						
2	Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its						
	behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	-						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included or	וי					
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f)						
6	Public Support. Subtract line 5 from	!					
	line 4						
	ection B. Total Support						
Cale	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(a) 2011	(f) Total
	ın)	(a) 2007	(b) 2008	(C) 2009	(u) 2010	(e) 2011	(I) I Otal
7	A mounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
,	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
10	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activiti	es etc (See inst	ructions)			12	I
	·		-				
13	First Five Years If the Form 990 is	for the organizati	on's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organ	
	check this box and stop here						► □
	ection C. Computation of Pul						
14	Public Support Percentage for 201	1 (lıne 6 column ((f) divided by line	11 column (f))		14	
15	Public Support Percentage for 201	0 Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test-2011. If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	or more, check	this box
	and stop here. The organization qua				, , , , , , , , , , , , , , , , , , , ,	,	▶ □
b	33 1/3% support test—2010. If the				a. and line 15 is	33 1/3% or more	
_	box and stop here. The organization	-			-,		<i>,</i>
17a	10%-facts-and-circumstances test	·		_	ne 13.16a. or 16	b and line 14	• •
	is 10% or more, and if the organiza	_					
	in Part IV how the organization mee						
	organization				a qua	а разнон, очеро	▶□
b	10%-facts-and-circumstances test	—2010. If the ora	anization did not o	check a box on lir	ne 13, 16a. 16b. o	or 17a and line	- r
_	15 is 10% or more, and if the organ				, , ,		
	Explain in Part IV how the organiza			,		•	ly
	supported organization				, , , ,	,	´´ ▶ ┌
18	Private Foundation If the organizat	on did not check	a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and see	
	instructions		,				▶ □

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

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

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20)11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,622,558	8,238,880	8,311,034	7,164,561	7,	.124,102	40,461,135
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15,741,426	14,408,502	12,753,805	15,072,759	14,	.884,866	72,861,358
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	25,363,984	22,647,382	21,064,839	22,237,320	22,	.008,968	113,322,493
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	1,053,030	1,757,738	670,346	1,085,352		582,057	5,148,523
b	A mounts 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							0
c	year Add lines 7a and 7b	1,053,030	1,757,738	670,346	1,085,352		582,057	5,148,523
8	Public Support (Subtract line 7 c		, ,	,			,	108,173,970
Se	from line 6) ction B. Total Support							
	ndar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
	beginning in)							
9		25,363,984	22,647,382	21,064,839	22,237,320	22,	008,968	113,322,493
	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	25,363,984 111,775	22,647,382 120,537	21,064,839 154,454	22,237,320 167,149	·	157,235	113,322,493 711,150
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses					·		711,150
10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b			154,454				711,150 70,632
10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	111,775	120,537	154,454 70,632	167,149		157,235	711,150 70,632
10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	111,775	120,537	154,454 70,632	167,149		157,235	711,150 70,632 781,782
b с 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	111,775	120,537	70,632 225,086	167,149		157,235	711,150 70,632 781,782 327,452
10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,	111,775 111,775 3,634 25,479,393	120,537 120,537 523 22,768,442	154,454 70,632 225,086 120,914 21,410,839	167,149 167,149 96,599 22,501,068	22,	157,235 157,235 105,782 271,985	711,150 70,632 781,782 327,452 114,431,727
b c 111 12 13 14 See	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	111,775 111,775 3,634 25,479,393 for the organizati	120,537 120,537 523 22,768,442 on's first, second	154,454 70,632 225,086 120,914 21,410,839 , third, fourth, or f	167,149 167,149 96,599 22,501,068	22,	157,235 157,235 105,782 271,985	711,150 70,632 781,782 327,452 114,431,727 zation,
b c 111 12 13 14 See 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	111,775 111,775 3,634 25,479,393 for the organizati	120,537 120,537 523 22,768,442 on's first, second ercentage f) divided by line	154,454 70,632 225,086 120,914 21,410,839 , third, fourth, or f	167,149 167,149 96,599 22,501,068	22,	157,235 157,235 105,782 271,985	711,150 70,632 781,782 327,452 114,431,727 zation,
to a local state of the state o	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Put Public Support Percentage from 20	111,775 111,775 3,634 25,479,393 for the organizati Plic Support P 1 (line 8 column (120,537 120,537 523 22,768,442 on's first, second ercentage (f) divided by line art III, line 15	154,454 70,632 225,086 120,914 21,410,839 , third, fourth, or f	167,149 167,149 96,599 22,501,068	22, i 501(c)(3	157,235 157,235 105,782 271,985	711,150 70,632 781,782 327,452 114,431,727 zation,
to a local state of the state o	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Pub Public Support Percentage from 20 Ction D. Computation of Invention of Invention of Invention in section in the support in the support of Invention of Invention of Invention in the section of Invention in the support	111,775 111,775 3,634 25,479,393 for the organizati plic Support P 1 (line 8 column (10 Schedule A, P	120,537 120,537 523 22,768,442 on's first, second ercentage (f) divided by line art III, line 15	154,454 70,632 225,086 120,914 21,410,839 , third, fourth, or f	167,149 167,149 96,599 22,501,068 fifth tax year as a	22, 1501(c)(3	157,235 157,235 105,782 271,985	711,150 70,632 781,782 327,452 114,431,727 zation, 94 530 % 93 950 %
10a b c 11 12 13 14 See 15 16 See	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Put Public Support Percentage for 201 Public support percentage from 20 ction D. Computation of Inv	3,634 25,479,393 for the organizati Diic Support P 1 (line 8 column (10 Schedule A, P	120,537 120,537 523 22,768,442 on's first, second ercentage (f) divided by line art III, line 15 ome Percentage (divided by line)	154,454 70,632 225,086 120,914 21,410,839 , third, fourth, or f	167,149 167,149 96,599 22,501,068 fifth tax year as a	22, 1501(c)(3 15 16	157,235 157,235 105,782 271,985	711,150 70,632 781,782 327,452 114,431,727 zation, 94 530 % 93 950 % 0 680 %
10a b c 11 12 13 14 See 15 16 See 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Pub Public Support Percentage from 20 Ction D. Computation of Invention of Invention of Invention in section in the support in the support of Invention of Invention of Invention in the section of Invention in the support	3,634 25,479,393 for the organizati Dic Support Port (line 8 column (10 Schedule A, Port Port Port Port Port Port Port Port	120,537 120,537 523 22,768,442 on's first, second ercentage (f) divided by line art III, line 15 me Percentage olumn (f) divided by A, Part III, line 1	154,454 70,632 225,086 120,914 21,410,839 , third, fourth, or f	167,149 167,149 96,599 22,501,068 Fifth tax year as a	22, 1501(c)(3 15 16	157,235 157,235 105,782 271,985 3) organi	711,150 70,632 781,782 327,452 114,431,727 zation, 94 530 % 93 950 % 0 680 % 0 610 %

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation
	C-L-Jul- A (F 000 000 F7) 20:

Schedule A (Form 990 or 990-EZ) 2011

SCHEDULE D

(Form 990)

Supplemental Financial Statements

DLN: 93493130008323 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or Attach to Form 990. Fee separate instructions.			, or 12b	Open to Public Inspection	
	me of the organi wers In Genesis Inc	zation		Empl	loyer identification number
Alls	weis in Genesis inc			33-0	0596423
Pa		izations Maintaining Donor Advances answered "Ves" to Form 00		ar Funds o	or Accounts. Complete if the
	organiz	ration answered "Yes" to Form 99	(a) Donor advised funds	1 (b) Funds and other accounts
1	Total number at	t end of year	(-,		, , , , , , , , , , , , , , , , , , , ,
2	Aggregate cont	ributions to (during year)			
3	Aggregate gran	its from (during year)			
4	Aggregate value	e at end of year			
5	•	ration inform all donors and donor advi rganization's property, subject to the	-		sed Yes No
6	used only for cl	ation inform all grantees, donors, and haritable purposes and not for the ben ermissible private benefit		•	
Pa		rvation Easements. Complete	if the organization answered "Y	es" to Form	n 990, Part IV, line 7.
2	Preservation Preservation Complete lines	onservation easements held by the o on of land for public use (e g , recreati of natural habitat on of open space 2a–2d if the organization held a qual ne last day of the tax year	on or pleasure) Preservation Preservation	n of a certified	cally importantly land area d historic structure inservation
		,			Held at the End of the Year
а	Total number o	f conservation easements		2a	
Ь	Total acreage r	restricted by conservation easements		2b	
c	Number of cons	servation easements on a certified his	toric structure included in (a)	2c	
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d	
3		servation easements modified, transfe ar •	rred, released, extinguished, or terr	minated by th	e organization during
4	Number of state	es where property subject to conserva	ation easement is located b -		
5	Does the organ	nization have a written policy regarding the conservation easements it holds	the periodic monitoring, inspection	n, handling of	violations, and Yes No
6	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation e	easements du	uring the year ►
7	•	enses incurred in monitoring, inspecti	ng, and enforcing conservation ease	ments during	g the year
	► \$				
8	170(h)(4)(B)(ı)	servation easement reported on line 2) and 170(h)(4)(B)(ii)?			┌ Yes
9	balance sheet, the organizatio	escribe how the organization reports c and include, if applicable, the text of t n's accounting for conservation easer	the footnote to the organization's fina nents	ancıal statem	nents that describes
Par		izations Maintaining Collection ete if the organization answered '			ner Similar Assets.
1a	art, historical t	tion elected, as permitted under SFAS reasures, or other similar assets held t XIV, the text of the footnote to its fir	for public exhibition, education or re	esearch in fui	
b	If the organizat	tion elected, as permitted under SFAS sures, or other similar assets held for owing amounts relating to these items	116, to report in its revenue stater public exhibition, education, or rese	nent and bala	
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets incl	luded in Form 990, Part X			► \$
2	If the organizat	tion received or held works of art, hist nts required to be reported under SFA		sets for financ	
а	Revenues inclu	ided in Form 990, Part VIII, line 1			► \$
b	Assets include	d in Form 990, Part X			► \$

3	Using the organization's accession and other items (check all that apply)	records, check an	y of th	e foll	owing t	hat a	re a significa	ant u	se of its co	llection	1	
а	✓ Public exhibition		d	굣	Loan	orexc	:hange progi	ams				
ь	Scholarly research		e	г	Other							
	<u> </u>		_	•								
C A	, , , , , , , , , , , , , , , , , , , ,				. 6	44		./				
4	Provide a description of the organization's co Part XIV	mections and expla	in nov	viney	rurtne	rtne	organization	ısex	empt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	√ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						n answere	d "Y	es" to For	m 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	tions	or other ass	ets i	not	Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV $$	and complete the	follow	ing ta	able		_					
							-			Amou	ınt	
С	Beginning balance						_	1 c				
d	Additions during the year						-	1d				
е	Distributions during the year						<u> </u>	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, lın	e 21?							Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV											
Pa	t V Endowment Funds. Complete											
1.	Pagunning of work halance	(a)Current Year	(b)	Prior \	rear	(c)1\	wo Years Back	(a)	Three Years B	ack (e)Four Y	ears Back
1a	Beginning of year balance							+				
b	Investment earnings or losses							+				
c d	•							+				
	Grants or scholarships Other expenditures for facilities							+		_		
е	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation 1	that a	re held	l and	admınıstere	d for	the			
	organization by								Г	2-(:)	Yes	No
	(i) unrelated organizations			•		•		•		3a(i) 3a(ii)		
b	(ii) related organizations							•		3b	<u> </u>	<u> </u>
4	Describe in Part XIV the intended uses of the	•				-		-				
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa	rt X	, line 1	.0.						
	Description of property				Cost or o		(b) Cost or o		(c) Accumu depreciati		(d) Bo	ok value
1a	and						1,351	,460				1,351,460
Ь	Buildings						16,669	,116	2,80	8,837		3,860,279
	easehold improvements								· ·			<u> </u>
	quipment						5,002	,274	3,66	64,717		1,337,557
e	Other						13,959	,603	10,03	88,885		3,920,718
Tota	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colui	nn (B)	, line	10(c).)			•	▶		2	0,470,014

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives	+	Cost or end-of-year market value
	-	
(2)Closely-held equity interests Other		
o thei		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)	F	
art VIII Investments—Program Related. S	See Form 990, Part X, line 13	
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc		(b) Book value
Fotal. (Column (b) should equal Form 990, Part X, col.(B) line	e 15.)	
Part X Other Liabilities. See Form 990, Part		<u>'</u>
(a) Description of Liability	(b) Amount	
	(=) Alliount	
Federal Income Taxes	+	
Annuity Payment Liability	259,602	
	+	
	1	
	+	
	1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,411,429
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,809,635
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-398,206
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-398,206
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	19,528,479
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	81,937
3	Subtract line 2e from line 1	3	19,446,542
4	A mounts 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 XIV) 4b -35,113		
c	Add lines 4a and 4b	4c	-35,113
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	19,411,429
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per R	
1	Total expenses and losses per audited financial statements	₁	19,926,685
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
– a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 35,113	1	
e	Add lines 2a through 2d	2e	35,113
3	Subtract line 2e from line 1	3	19,891,572
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 XIV)	1	
c	Add lines 4a and 4b	4c	-81,937
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	19,809,635
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	Part III, Line 1a	Collection items acquired either through purchase or donation are not capitalized. Purchases of collection items are recorded as decreases in unrestricted net assets if purchased with unrestricted assets and as decreases in temporarily restricted or permanently restricted net assets if purchased with donor-restricted assets. Contributions of collection items are not recognized in the statement of activities. Proceeds from deaccessions or insurance recoveries are reflected on the statement of activities based on the absence or existence and nature of donor-imposed restrictions.
	Part III, Line 4	Organization's collection includes paintings, taxidermy specimens, fossils, and display exhibits in the museum which is open to the general public
Part XII, Line 2d - Other Adjustments		Interdivisional activity 81,937
Part XII, Line 4b - Other Adjustments		Rental Expense -35,113
Part XIII, Line 2d - Other Adjustments		Rental Expense 35,113
Part XIII, Line 4b - Other Adjustments		Interdivisional activity -81,937

DLN: 93493130008323

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Answers In Genesis Inc

Internal Revenue Service Name of the organization

Employer identification number 33-0596423

Pa	rt I	General Information "Yes" to Form 990, Par	n on Activition rt IV, line 14b	es Outside tl	ne United States. C	omplete if the organiz	ation answered
1	For g	rantmakers. Does the o			s to substantiate the	amount of the grants	or
		tance, the grantees' elig					
	the g	rants or assistance?					✓ Yes
2		antmakers. Describe in Pa d States	rt V the organız	atıon's procedur	es for monitoring the us	e of grant funds outside tl	he
3	Activ	tes per Region (Use Part \	V ıf addıtıonal s	pace is needed])		
		(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g.,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	South	Asıa	0	1	Program Services	Consulting	54,477
За	Sub-t	otal	0	1			54,477
	Total	from continuation sheets	0				0
_	to Par		0	0			54,477
С	iotals	(add lines 3a and 3b)		<u>_</u>			<u> 54,477</u>

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method valuation (book, FM appraisal, ot
-								
Enter total n	ımber of recipien	nt organizations lis	ited above that are i	recognized as charit	ies by the foreign c	ountry, recognized	as	ı

Schedule F (Form 990) 2011 Page 3

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

(a) Type of grant or assistance

(b) Region

(c) Number of cash grant

(d) Amount of recipients

(e) Manner of cash disbursement

(b) Region

(c) Number of cash grant

(d) Amount of disbursement

(e) Manner of cash disbursement

(g) Description of non-cash assistance

(h) Method of valuation (b) Number of cash grant

(e) Manner of cash grant

(f) Amount of non-cash assistance

(g) Description of non-cash assistance

(h) Method of valuation (b) Number of cash grant

(h) Method of valuation (b) Number of cash grant

(h) Method of valuation (b) Number of cash grant

(h) Method of valuation (b) Number of cash grant

(h) Method of valuation (b) Number of cash grant

(h) Method of valuation (b) Number of cash grant

(h) Method of valuation (b) Number of cash grant

(h) Method of valuation (b) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (b) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

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(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuation (c) Number of cash grant

(h) Method of valuati

Part IV Foreign Forms 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the Yes Νo organization may be required to file Form 926 (see instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be Yes Νo required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Yes **▼** No Corporations. (see instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Yes Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. Yes **▼** No (see instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form ☐ Yes √ No 5713).

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Page 4

Page **5** Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 Based primarily on the need for translated materials and generally supported by restricted donations

Schedule J

Name of the organization

(Form 990)

Department of the Treasury Internal Revenue Service

Answers In Genesis Inc

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

DLN: 93493130008323

Employer identification number

Open to Public Inspection

33-0596423 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 굣 Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo Νo 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Schedule J (Form 990) 2011 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule 3, 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 are not 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, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Kenneth Ham	(I) (II)	134,363 0	0	0				

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
		Schedule J (Form 990) 2011

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Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

DLN: 93493130008323 OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service	► Att	ach to F	orm 990 or Fe	orm 990)-EZ. ►See separa	te inst	ruct ions.			Open to Public Inspection		
Name of the organization Answers In Genesis Inc								mployer id 3-05964		ition numbe	er	
Part I Excess Benefit Tra	nsacti	i ons (s	ection 501((c)(3) a	ind section 501	(c)(4)	organı	zations d	only).			
Complete if the organization (a) Name of disq			Yes" on Form	n 990, F					Part V , I		(c)	
1 (a) Nume of disq	(a) Name of disqualified person				(b) Desc	гірціоп	oi trans	action		Yes	No	
			ested Person Fo	ted Persons.		rm 990-EZ, Part V, line (f) In Approved ult? by board or		/ed	(g) Written			
	То	From	•			Yes	No	Yes	No	Yes	No	
		-										
		+										
Total				▶ \$								
Part IIII Grants or Assistant Complete if the organization						/, line	27.					
(a) Name of interested person (b)Relationsh			b) Relatıonshı	ıp betwe	een interested pei ganization			nount of g	rant or ty	ype of assis	tance	
						-+						

Part IV Business Transactions Complete if the organizations			ıne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
	organization			Yes	No
See Additional Data Table					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 33-0596423

Name: Answers In Genesis Inc

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
Tım Dudley	AIG Board member and President of New Leaf Publishing	1,103,672			No
Tım Dudley	AIG Board member and President of New Leaf Publishing	105,737			No
New Leaf Publishing	The President of New Leaf Publishing is a board member of AiG	100,370	· '	Yes	
Renee Hodge	Daughter of CEO, staff member	34,000	Staff member compensation		No
David Hodge	Son-ın-law of CEO , staff member	57,596	Staff member compensation		No
Danielle Johnson	Daughter of CEO, staff member	27,192	Staff member compensation		No
Jeremy Ham	Son of CEO, staff member	42,211	Staff member compensation		No
Kristel Ham	Daughter of CEO, staff member	20,665	Staff Member compensation		No
Stephen Ham	Brother of CEO, staff member	67,010	Staff Member compensation		No
Susan Ham	Daughter-ın-law CEO, staff member	10,926	Staff Member compensation		No
Dan Manthei	AIG Board member		Joint Venture (Takenbac Enterprises LLC)		No

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DLN: 93493130008323 OMB No 1545-0047

Department of the Treasury

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Open to Public

Internal Revenue Service **Inspection** Name of the organization **Employer identification number** Answers In Genesis Inc 33-0596423 Part I Types of Property (b) (d) (a) (c) Method of determining Check Number of Contributions Contribution amounts or items contributed reported on contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art-Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests . 4 Books and publications Clothing and household 11,946 Fair Market Value Cars and other vehicles . . Χ Boats and planes Intellectual property . . . Securities—Publicly traded . Χ 312,248 Selling Price 10 Securities—Closely held stock Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution-Historic structures Oualified conservation contribution—Other . . . Real estate—Residential . Real estate—Commercial . . 17 Real estate—Other . . . 66 Selling Price 18 Collectibles Food inventory . . . 20 Drugs and medical supplies . Taxidermy Historical artifacts Scientific specimens . . 24 Archeological artifacts . 25 Other > (Grain Х 11,737 Selling Price Χ Other ► (Piano 61,600 Fair Market Value Other ► (Other Χ 138 Fair Market Value 27 28 Other►(Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used No 30a **b** If "Yes," describe the arrangement in Part II Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Yes **b** If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II

Page **2** Schedule M (Form 990) 2011

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	Answers in Genesis uses a third-party brokerage firm to handle
		all contributions of securities

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DLN: 93493130008323 OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization Answers In Genesis Inc

Employer identification number

33-0596423

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	The 990 was reviewed by the Chief Financial Officer and then provided a copy to the board of directors by postal mail
	Form 990, Part VI, Section B, line 12c	The conflict of interest policy is signed annually by the board of trustees
	Form 990, Part VI, Section B, line 15	There is a compensation structure that the Human Resources department follows and the board approves compensation for officers and key employees
	Form 990, Part VI, Section C, line 19	The organization's governing documents, financial statements, and policies are available to the public upon written request and upon payment of copying costs
Audited Financial Statements	Form 990, Part XII, Line 2c	The audit committee assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant

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DLN: 93493130008323OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

Department of the Treasury Internal Revenue Service

Name of the organization
Answers In Genesis Inc

33-0596423

| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)
| Complete if the organization answered "Yes" on Form 990, Part IV, line 31.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(13) trolled nization
						Yes	No
(1) Crosswater Canyon LLC 2800 Bullittsburg Church Rd Petersburg, KY 41080 27-4026852	Religious Education	кү	501(c)(3)	509(a)(1)	Answers in Genesis	Yes	

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

Cat No 50135Y

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Genei mana parti	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	
(1) Takenbac Enterprises LLC PO Box 384 Hebron, KY 41048 06-1765931	Investment	KY		Investment	-1,765	971,957		No		Yes		
			·									

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

Schedule R (Form 990) 2011 Page **3**

Part V Transactions With Related O	rganizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)		
Note. Complete line 1 if any entity is listed in	n Parts II, III or IV	Yes	No
1 During the tax year, did the orgranization engag	ie in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) roya	alties (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related	organization(s)		No
c Gift, grant, or capital contribution from relate	d organization(s)		No
d Loans or loan guarantees to or for related or	ganization(s)	Yes	
e Loans or loan guarantees by related organiza	ation(s)		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization	1g		No
h Exchange of assets with related organization	n(s)		No
i Lease of facilities, equipment, or other assets	s to related organization(s)		No
j Lease of facilities, equipment, or other asset	s from related organization(s)		No
k Performance of services or membership or fu	undraising solicitations for related organization(s)		No
I Performance of services or membership or fu	ndraising solicitations by related organization(s)		No
m Sharing of facilities, equipment, mailing lists	, or other assets with related organization(s)		No
n Sharing of paid employees with related organ	nization(s)	Yes	
• Reimbursement paid to related organization((s) for expenses		No
p Reimbursement paid by related organization	(s) for expenses		No
q Other transfer of cash or property to related	organization(s)		No
r Other transfer of cash or property from relate	ed organization(s)		No
	_		

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						
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) Crosswater Canyon LLC	D	231,866	FMV			
(2) Crosswater Canyon LLC	N	493,732	FMV			
(3)						
(4)						
(5)						
(6)						

Schedule R (Form 990) 2011 Page 4

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	5	(e) Are all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc	ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging :ner?	
			314)	Yes	No			Yes	No		Yes	No	
													<u> </u>
													
													
											_		
													
													<u> </u>
<u> </u>													

Schedule R (Form 990) 2011 Page **5**

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Additional Data

Software ID: Software Version:

EIN: 33-0596423

Name: Answers In Genesis Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	n services				
(Code) (Expenses \$	1,405,428	including grants of \$) (Revenue \$	409,590)
•	ssues regarding a literal interp		ngagements are designed to ed Bible 178 seminars were cond	• •	•