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DLN: 93493133039745

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		applicable	C Name of organization Answers In Genesis Inc	ing 07-01-2013 , 2013, and ending 00)-JU-201 4	DE	mployer ic	dentification number
☐ Add	dress c	hange				3	3-05964	23
	me cha	_	Doing Business As AiG					
	tial reti rminate		Number and street (or P O box if 2800 Bullittsburg Church Road	mail is not delivered to street address) Room	/suite		elephone nu	
		return on pending	Petersburg, KY 41080	untry, and ZIP or foreign postal code			859)727	s \$ 32,128,072
			F Name and address of pr	incipal officer	H(a)	Isthisag	· ·	rn for
			Ken Ham 2800 Bullittsburg Church F	Road		subordina	tes?	ΓYes Γ No
			Petersburg,KY 41080		Н(b)	Are all su	bordinate	s
Ta	x-exer	mpt statu	s 🔽 501(c)(3) 🔽 501(c)() 🖪	(insert no) 4947(a)(1) or 527		included? If "No," a	ttach a lıs	t (see instructions)
J W	ebsit	e: ► w	ww answersingenesis org		H(c)	Group ex	emption n	umber ►
K For	m of o	rganızatıo	on 🔽 Corporation 🗆 Trust 🗀 Associat	ion Other 🕨	- - ` ` 	ear of formation	on 1993	M State of legal domicile KY
	rt I	_	nmary					
Governance	1	We pro	claim the absolute truth and auth	ion or most significant activities nority of the Bible with boldness We re obey God's call to deliver the messag				
ovem	2	Check	this box দ if the organization o	discontinued its operations or dispose	d of more	than 25%	of its net	assets
ය න්	3	Numbe	r of voting members of the gover	ning body (Part VI, line 1a)			з	9
Activities &			-	s of the governing body (Part VI, line 1			4	
χĘ	5	Total n	umber of individuals employed ir	n calendar year 2013 (Part V, line 2a)			. 5	331
ă				necessary)			6	300
	1			Part VIII, column (C), line 12			7a	<u>'</u>
	Ь	Net uni	related business taxable income	from Form 990-T, line 34		Prior Yea	7b	-85,431 Current Year
	8	Cont	ributions and grants (Part VIII.	line 1h)	. —		029,388	13,415,960
₽	9			line 2g)			942,602	5,133,911
Revenue	10	Inve	stment income (Part VIII, colum	nn (A), lines 3, 4, and 7d)			-56,038	187,488
Δ.	11		, , , , , , , , , , , , , , , , , , , ,), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,:	141,136	8,381,877
	12			1 (must equal Part VIII, column (A),	line	19,	057,088	27,119,236
	13			t IX, column (A), lines 1-3)			0	0
	14			IX, column (A), line 4)			0	0
82	15	5-10		yee benefits (Part IX, column (A), line	S	10,	400,607	10,975,561
Expenses	16a	Profe	essional fundraising fees (Part IX	(, column (A), line 11e)			0	0
ਡੌ	b		fundraising expenses (Part IX, column (-			
	17			, lines 11a-11d, 11f-24e)			167,742	10,002,601
	18 19			ust equal Part IX, column (A), line 25 e 18 from line 12			568,349 511,261	20,978,162
Net Assets or Fund Balances		11646	ress expenses subtract line	220.000.000		ginning of (Year		End of Year
esse Baka	20	Tota	l assets (Part X, line 16)			26,	758,151	32,424,557
P. P	21		l liabilities (Part X, line 26) .				505,534	9,027,635
	22			t line 21 from line 20		17,	252,617	23,396,922
Unde my k prepa	nowle arer h	alties o	d belief, it is true, correct, and co knowledge ****	xamined this return, including accomp implete Declaration of preparer (othe		cer) is base	d on all ir	
Sigr		[]	nature of officer			Date		
Her	e		nes A Hatton CFO be or print name and title					
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTIN	
Paid	d	-	Paula Hume Firm's name ► Barnes Dennig & Co	ITD.		self-empl		537516 9890
Pre	•							
Use	On	ılv İ	Firm's address - 150 East Fourth Stree	et		Phone no	(513) 241	-8313

Cincinnati, OH 45202

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

✓ Yes ☐ No

))(L010)					rage
Par		nent of Program Se f Schedule O contains a			ш	্ন
1	Briefly describ	e the organization's miss	sion			
•		•			e relevance of a literal Genesis individually and collectively	to the church and the
2	the prior Form	990 or 990-EZ?			r which were not listed on	
	If "Yes," descr	tbe these new services o	n Schedule O			
3		ration cease conducting,			onducts, any program	
	If "Yes," descr	tbe these changes on Sc	hedule O			
4	expenses Sect		c)(4) organization:	s are required to repo	hree largest program services, and the the amount of grants and allo	-
4a	(Code) (Expenses \$	8,112,529	ıncludıng grants of \$) (Revenue \$	4,895,263)
		n - The Creation Museum, loca ne fiscal year ending June 30,			area, completed its seventh year of c	perations in May 2014
4b	(Code) (Expenses \$	4,519,559	ıncludıng grants of \$) (Revenue \$	7,178,835)
					urpose are made available through phong the fiscal year ending June 30, 2014	
	(Code) (Expenses \$	1,583,234	ıncludıng grants of \$) (Revenue \$	238,648)
	the United Kingdo worldwide distrib provide creation pageviews Answ supports mission- expanded our Int	om, but also to a limited num ution of over 300,000 copies of resources to the general public vers in Genesis is also very act -related activities on the home	ber of subscribers in o during the fiscal year e c During fiscal year e ive in social media thi e and foreign fields by ints in eight different c	ther countries, including Ca ending June 30, 2014 Min D14, nearly 18 5 million vis rough Facebook, Twitter, a providing funds, resource countries Ministry Outreach	ew publication, primarily for distribution anada, Australia, and other locations A istry Outreach (Internet) - The Answellists were made to our websites resulting Speaker blogs Ministry Outreach (I materials, and speakers In the fiscal on (Radio) - The 60-second radio progratlets worldwide	Answers Magazine had a rs in Genesis website is used to ig in over 43 1 million Missions) - The organization year ending June 30, 2014, wo
	(Code) (Expenses \$	2,544,644	ıncludıng grants of \$) (Revenue \$)
					ucate the public/church about scientific 014 with a total attendance of 118,577	
	Other progran	n services (Describe in S	Schedule O)			
	(Expenses \$	•	including grants of	of \$) (Revenue \$)
 4е	Total program	n service expenses 🕨	16,759,966			

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	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? <i>If "Yes," complete Schedule C, Part II</i>	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 I	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		No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	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	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, line 10? If "Yes," complete Schedule D, Part VI	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
c	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
e	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 and XII	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 and XII 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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \blacksquare	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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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 11b and 19?	38	Yes	

· C	Statements Regarding Other 1RS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.) No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 121		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	 		
•	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 55		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		Νc
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
			1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		l No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			140
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	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		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
u Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter	90		
	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			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
ט	against amounts due or received from them)		ri	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
-				
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		1	
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes," has it filed a Form 7.20 to report these payments? If "No," provide an explanation in Schedule 0	14h		ı

Form 990 (2013) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo $\hbox{supervision of officers, directors or trustees, or key employees to a management company or other person? \quad .}$ Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο Νo Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Νo 10a Did the organization have local chapters, branches, or affiliates? **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes 13 Yes 14 Did the organization have a written document retention and destruction policy? 14 Νo 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 15a Yes Yes 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

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed ► AK , AL , AR , AZ , CA , CO , CT , FL , GA , IL , KS , KY , LA ,

 MA , MD , ME , MI , MN , MS , MO , NC , ND , NH , NJ , NM ,

 NY , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV ,

 WI
- 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 Another's website V Upon request Other (explain in Schedule O)
- 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►James Hatton 2800 Bullittsburg Church Road Petersburg, KY 41080 (859) 727-2222

Νo

16a

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	more pers and	than on is a dir	one bot ecto	not box h ar or/tr	ustee	ess er e)	(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	
	below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	,	,	and related organizations	
(1) Tim Dudley	10 00	×						0	0	0	
Board member											
(2) Dan Wooster	10 00	×						0	0	0	
Board member											
(3) Dan Manthei	10 00	×						0	0	0	
Board member											
(4) Dan Chin	10 00	x						0	0	0	
Board member											
(5) Craig Baker	10 00	x						0	0	0	
Board member											
(6) Brad Benbow	10 00	x						0	0	0	
Board member (7) Don Landis	10 00										
Chairman	10 00	×		х				0	0	0	
(8) Tony Biller	10 00										
Vice Chairman		X		Х				0	0	0	
(9) Kenneth Ham	50 00										
President/CEO		Х		Х				146,951	0	47,654	
(10) John Pence	30 00										
Secretary/General Counsel	20 00			Х				93,809	0	5,118	
(11) James Hatton	30 00										
Treasurer/CFO	20 00			Х				94,287	0	13,606	
(12) Mike Zovath	20 00										
Chief Action Officer	30 00			Х				104,139	0	3,640	
										_	
										Form 990 (2013)	

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

(A) Name and Tit	hours week (any ho	ge per r lıst urs	more tl perso	(C) Position (do not check nore than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization (Worganizations (Value of the compensation) 2/1099-MISC) (E) Reportable compensation from related organizations (Value of the compensation)									ted other ation he
	for rela organız belov dotted l	ted cations W can be called a tions w can be called a tions with the called a tions and the called a tions are called a tions and the called a tions are called a tion are called a tions are called a tion at tions are called a tions are calle	Individual trustee	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	d
		+											
1b Sub-Total				•				¥ .					
	uation sheets to Part b and 1c)	-			٠.	٠.		•	439,186		0		70,018
	dividuals (including b rtable compensation						d abov	e) w	ho received more th	an	•		
										Г		Yes	No
	on list any former offi s," complete Schedule I					кеу •	emplo	yee, •	or highest compen	sated employee	3		No
	listed on line 1a, is the elated organizations (4	Yes	
	ted on line 1a receive to the organization?									or individual for	5		No
Section B. Indep	endent Contracto	ors											
	le for your five highes n the organization Re											tax vear	

(A) Name and business address	(B) Description of services	(C) Compensation
CaiMei Color Printing Co Ltd Guangyayuan Bantian Village LonggaShenzhenCHn/a	Printing	1,124,690
Joseph David Advertising PO Box 1176 Muncie IN 473081176	Advertising	1,044,546
Cenveo Publisher ServicesCenveo Publi PO Box 822934 Philadelphia PA 191822934	Printing	840,874
New Leaf Press Inc PO Box 726 Green Forest AR 726380726	Publishing	832,536
United Parcel Service Lock Box 577 Carol Stream IL 601320577	Shipping	790,780
Total number of independent contractors (including but not limited to these lighted above	\ha magazzad magra 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 ►11

Part V		Statement (
ss	1a	Federated cam	npaigns .
ant	ь	Membership d	ues
وَ وَا	С	Fundraising ev	ents
iffs, ar A	d	Related organi	zations .
∃.6	e	Government gran	ts (contribution
ion r Si	f	All other contribut	
Contributions, Gifts, Grant and Other Similar Amoun	g	sımılar amounts r Noncash contribut	
ont nd C		1a-1f \$	
<u>ة ت</u>	h	Total. Add line	es la-lr .
TIL 6	2a	Creation Museum	
e Ke	ь	Seminar Registrat	
е. Н	С		
Š.	d		
⊆	е		
Program Serwce Revenue	f	All other progr	am service
<u>Ā</u>	g	Total. Add line	s 2a-2f .
	3	Investment in	•
	4	Income from inve	
	5	Royalties .	· · ·
			(ı) R
	6a b	Gross rents Less rental	
	c	expenses Rental income	
	d	or (loss) Net rental inco	mo or (los
	l "	Net rental inct	(ı) Sec
	7a	Gross amount from sales of	.,,
		assets other than inventory	
	ь	Less cost or other basis and	
		sales expenses Gain or (loss)	
	d	Net gain or (lo	ss)
	8a	Gross income	
ше		events (not ind	cluding
)ther Revenue		of contribution	
άč		See Part IV, li	ne 18 .
₽ E	ь	Less direct ex	xpenses .
ō	С	Net income or	(loss) from
	9a	Gross income See Part IV, li	_
	b	Less direct ex Net income or	
	10a	Gross sales of	, ,
		returns and all	owances
	ь	Less cost of g	goods sold
	С	Net income or	(loss) from
		Miscellaneou	
	11a	Advertising Re	
	b c	Other Revenue	e
	d	FOTO FX All other rever	nue
	e	Total. Add line	
	12	Total revenue	. See Instru
]		

VIII	Statement o	f Revenue ile O contains a respon	oca ar nota to any lin	o in this Bart VIII			
	Check if Schedi	ne O contains a respon	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a b	Federated camp Membership du Fundraising eve	es 1b	4,374,748				
d e	Related organiz		4,374,740				
f	sımılar amounts no	ons, gifts, grants, and t included above ons included in lines	9,041,212 4,865,379				
h	1a-1f \$ Total. Add lines	s 1a-1f	+,003,379	13,415,960			
2a	Creation Museum		Business Code 713990	4,895,263	4,895,263		
b c	Seminar Registration	on	900099	238,648	238,648		
d e							
f		m service revenue					
g		2a-2f		5,133,911			
3	and other simila	ome (including dividend ar amounts) tment of tax-exempt bond i	▶ [77,806			77,806
5	Royalties		🔸	110,455			110,455
6a b	Gross rents Less rental expenses	(1) Real 62,799 49,715	(II) Personal				
c d	Rental income or (loss) Net rental incor	13,084 me or (loss)		13,084		3,237	9,847
7a	Gross amount from sales of	(ı) Securities	(II) O ther				
b	assets other than inventory Less cost or other basis and sales expenses	148,711 39,029					
С	Gain or (loss)	109,682					
d 8a	Net gain or (los Gross income fi events (not incl	rom fundraising		109,682			109,682
	\$ of contributions See Part IV , lin	reported on line 1c) e 18 a					
b c		penses b	events				
9a	Gross income for See Part IV, lin	rom gaming activities e 19 a					
b c		penses b [loss) from gaming activ	vities				
10a	Gross sales of returns and allo	wances . a	12,509,117				
b c	Net income or (loss) from sales of inve		7,589,025	7,178,835	410,190	
11a	Miscellaneous		Business Code 511120	310,126		252,222	57,904
ь	Advertising Rev	renue	900099	218,768		127,179	,
c	FOTO FX		900099	126,423		126,423	
d	All other revenu	ue		13,996		13,996	
e	Total. Add lines	s 11a-11d		669,313			

	770 (2013)				Page 10
	Statement of Functional Expenses			lata saluman (A.)	
sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this		 (B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	401,424	155,684	127,353	118,387
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	8,460,144	7,030,062	1,405,848	24,234
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,905	29,992	6,356	557
9	Other employee benefits	1,382,885	1,139,654	231,241	11,990
10	Payroll taxes	694,203	564,161	119,565	10,477
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	73,608	51,027	22,257	324
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,126,511	780,923	340,622	4,966
12	Advertising and promotion	1,132,118	788,506	328,149	15,463
13	Office expenses	1,938,952	1,450,061	146,140	342,751
14	Information technology	2,500,502	2,100,002	2.13,2.13	
15	Royalties				
16	Occupancy	815,558	761,202	44,007	10,349
17	Travel	529,909	435,911	86,029	7,969
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	323,303	133,311	00,023	7,303
19	Conferences, conventions, and meetings				
20	Interest	124,819	81,815	43,004	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,858,692	2,386,086	380,390	92,216
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	UBI Tax	2,720		2,720	
b	Contracts and Leases	705,435	582,693	122,742	0
c	Maintenance and Repairs	353,008	314,090	38,918	0
d	Dues, Subscriptions and	174,181	119,985	49,784	4,412
е	All other expenses	167,090	88,114	67,206	11,770
25	Total functional expenses. Add lines 1 through 24e	20,978,162	16,759,966	3,562,331	655,865
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	't X	Check if Schedule O contains a response or note to any line in	thıs P	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,556,579	1	2,168,266
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,682,988	4	4,570,813
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	art II	of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contrı mploy	buting employers		6	
Š.	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			1.801.954		1,855,337
	9	Prepaid expenses and deferred charges			61,209	9	125,824
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		43,031,673	·		<u>'</u>
	ь	Less accumulated depreciation	10b	21,836,650	18,559,188	10c	21,195,023
	11	Investments—publicly traded securities	٠		695,822	11	1,089,865
	12	Investments—other securities See Part IV, line 11			971,957	12	971,596
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			428,454	15	447,833
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			26,758,151	16	32,424,557
	17	Accounts payable and accrued expenses			2,023,788	17	2,389,297
	18	Grants payable				18	<u> </u>
	19	Deferred revenue	5,263,977	19	4,909,214		
	20	Tax-exempt bond liabilities	, ,	20	, ,		
	21	Escrow or custodial account liability Complete Part IV of Sch				21	
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	ors, tr				
ар		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.		1,899,953	23	1,419,957
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	217 016	25	200 167		
	26	D			317,816 9,505,534		309,167
<u>پ</u>	26	Total liabilities. Add lines 17 through 25			9,505,534	26	9,027,635
ÜČ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			16,660,197	27	22,092,973
Fund Balance			592,420	28	1,303,949		
	28	Temporarily restricted net assets	392,420		1,505,949		
Ĭ	29	Permanently restricted net assets				29	
or FL		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.		•			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Ř	33	Total net assets or fund balances			17,252,617	33	23,396,922
	34	Total liabilities and net assets/fund balances			26,758,151	34	32,424,557

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				. .
1	Total revenue (must equal Part VIII, column (A), line 12)	1		27,1	19,236
2	Total expenses (must equal Part IX, column (A), line 25)	2		20.9	78,162
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			41,074
		4		17,2	252,617
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			3,231
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		23,3	396,922
Par	t XII Financial Statements and Reporting	·			
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				1
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	ıt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
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?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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As Filed Data -

DLN: 93493133039745

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Answers In Genesis Inc

Name of the organization

check this box

h

following persons?

Public Charity Status and Public Support

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

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

33-0596423 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization,

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) lis your gove	organization in the		(v) Did you notify the organization in col (i) of your support?		the on in anized S ?	(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No]
Total									

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)

and (III) below, the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) A family member of a person described in (i) above?

Yes

11g(i)

11g(ii)

11g(iii)

No

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf 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 on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(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 Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ □
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,311,034	7,164,561	7,124,102	7,029,388	13,415,960	43,045,045
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	12,753,805	15,072,759	14,884,866	15,873,781	17,024,374	75,609,585
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	21,064,839	22,237,320	22,008,968	22,903,169	30,440,334	118,654,630
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	680,598	1,094,092	588,856	793,314	518,140	3,675,000
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 year						C
c	Add lines 7a and 7b	680,598	1,094,092	588,856	793,314	518,140	3,675,000
8	Public support (Subtract line 7c from line 6)						114,979,630
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	21,064,839	22,237,320	22,008,968	22,903,169	30,440,334	118,654,630
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	154,454	167,149	157,235	138,085	188,261	805,184
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	70,632					70,632
c	Add lines 10a and 10b	225,086	167,149	157,235	138,085	188,261	875,816
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	120,914	96,599	105,782	200,893	149,493	673,681
13	Total support. (Add lines 9, 10c, 11, and 12)	21,410,839	22,501,068	22,271,985	23,242,147	30,778,088	120,204,127
14	First five years. If the Form 990 is check this box and stop here		·	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	nization, ►
<u>5e</u> 15	ction C. Computation of Pu Public support percentage for 201			13 column (f))		15	0.5.6.5.0.0/
16	Public support percentage from 20			15, column (1))		15 16	95 650 % 94 460 %
Se	ction D. Computation of In	vestment Inco	me Percenta	ge			
17	Investment income percentage fo				nn (f))	17	0 730 %
18	Investment income percentage fro	om 2012 Schedule	A, Part III, line 1	7		18	0 720 %
19a	33 1/3% support tests—2013. If th	ne organization did	I not check the bo	x on line 14, and	line 15 is more t	han 33 1/3%, and	line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, 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		formation. Provide the explanations required by Part II, line 10; Part II, lin ne 12. Also complete this part for any additional information. (See instruction	tion. Provide the explanations required by Part II, line 10; Part II, line 17a or Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test								
Retu	ırn Reference	Explanation							
		Schodulo A / Form 000 o	000 E7) 201						

Schedule A (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133039745

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

Open to Public

	me of the organization wers In Genesis Inc		Emp	oloyer identification number
				0596423
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor advi	rsed ┌ Yes ┌ No
•	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the beneft conferring impermissible private benefit?			
aı	t II Conservation Easements. Complete if	the organization answered "Yes" t	to Forn	n 990, Part IV, line 7.
!	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	rically important land area d historic structure m of a conservation
	easement on the last day of the tax year			
_	Total number of conservation easements			Held at the End of the Year
a b	Total acreage restricted by conservation easements		2a 2b	
C C	Number of conservation easements on a certified histo	oric structure included in (a)	20 2c	
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	, ,	2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ne organization during
	the tax year ►	- · · , · · · · · · · · · · · · · · · ·	,	
	·			
	Number of states where property subject to conservat			
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?			☐ Yes ☐ No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easei	ments o	during the year
•	A mount of expenses incurred in monitoring, inspecting • \$, and enforcing conservation easement	s durin	g the year
}	Does each conservation easement reported on line 2 (and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia ents	l stater	ments that describes
ar	Complete if the organization answered "Y		or Ot	her Similar Assets.
а	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			- \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			► \$
b	Assets included in Form 990, Part X			▶ -\$

Part	IIII Organizations Maintaining Collectio	ns of Art, H	listori	cal Treası	ires, or Othe	r Similar Ass	ets (continued)
	Using the organization's acquisition, accession, and collection items (check all that apply)	other records,	check	•	-	-	fits
а	▼ Public exhibition	d	ı F	Loan or exc	hange programs		
b	Scholarly research	€	• 「	Other			
С	✓ Preservation for future generations						
	Provide a description of the organization's collection: Part XIII	s and explain h	now the	y further the	organızatıon's ex	cempt purpose in	
	During the year, did the organization solicit or receiv						Yes V No
Part	assets to be sold to raise funds rather than to be ma	· ·				<u> </u>	
	Part IV, line 9, or reported an amount o						
	Is the organization an agent, trustee, custodian or ot included on Form 990, Part X?	her intermedia	ary for c	ontributions	or other assets	not $ au$	Yes No
b	If "Yes," explain the arrangement in Part XIII and co	mplete the foll	lowing t	able			
_	_					Amo	unt
_	Beginning balance				1c		
	Additions during the year				1d 1e		
_	Distributions during the year				16 1f		
	Ending balance	Dart V Ivas 3	1 2		II		Yes No
	Did the organization include an amount on Form 990						_
	If "Yes," explain the arrangement in Part XIII Check						<u>'</u>
Par			(b)Prior		wo years back (d)		e)Four years back
1a	Beginning of year balance						
b	Contributions						
C	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current year	end balance ((lıne 1g	, column (a))	held as		
а	Board designated or quasi-endowment 🕨						
b	Permanent endowment ►						
	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equa	I 100%					
	Are there endowment funds not in the possession of	the organizatio	on that a	are held and	admınıstered for	the	
	organization by (i) unrelated organizations					3a(i)	Yes No
	(ii) related organizations					3a(ii)	
	If "Yes" to 3a(II), are the related organizations listed		n Sched	lule R?.		3b	
4	Describe in Part XIII the intended uses of the organi	zatıon's endov	vment fu	unds			
Part	VI Land, Buildings, and Equipment. Co. 11a. See Form 990, Part X, line 10.	mplete if the	organ	ization ans	wered 'Yes' to	Form 990, Par	t IV, line
	Description of property			Cost or other s (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a L	and			4,374,748	1,351,460		5,726,208
b B	uildings				17,010,047	3,750,316	13,259,731
c l	easehold improvements						
	easenoid improvements						
	quipment				5,644,910	4,504,373	1,140,537
d E e O					14,650,508	4,504,373 13,581,961	1,140,537 1,068,547 21,195,023

See Form 990, Part X, Inte 12. (a) Description of security of category (including name of security) (b) Book value Cost or end-of-year market value (2) Costar end-of-year market value (2) Costar end-of-year market value (3) Costar end-of-year market value Total, (Column (b) most equal from 980, Fast X, col (b) line 12.) Part XI Other Assets, Complete if the organization answered Yes' to Form 990, Part X, col (b) Book value (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Method of valuation Cost or end-of-year market value (e) Method of valuation (f) Method of valuation (g) Method of valuation (g) Description of investment (h) Book value (h) Book v	, lıne 11b.
(2) Closely-held equity interests Other Total, (Column (b) must equal form 590, Part X, cot (8) line 12.) Part VIII Towestments — Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or and of year market value Cost or and of year market value (c) Method of valuation Cost or and of year market value (d) Description (d) Description (d) Description (d) Description (e) Descrip	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Total. (Column (b) must equal from 990, Part X, cot (B) line 12) Part XIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV. See Form 990, Part X, line 13. (a) Description of investment (b) Book value Cost or end-of-year market value Cost or end-of-year market value Total. (Column (b) must equal from 990, Part X, cot (B) line 15.) Part X Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 31d See Form 990, Part X, unit (b) Book value (a) Description Total. (Column (b) must equal from 990, Part X, cot (B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See For	
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Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. Separt X of the resultable in the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. Separt X other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. Separt X other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. Separt X other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. Separt X other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. Separt X other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. Separt X other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. Separt X other Liabilities.	
See Form 990, Part X, line 13. (a) Description of investment (b) Book value Cost or end-of-year market value Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, (b) Book value (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See For	
(a) Description of investment (b) Book value Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, (b) Book value (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (8) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See	V, line 11c
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, III (b) Book valu (b) Book valu Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See	
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Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, I (a) Description (b) Book value (b) Book value (b) Book value (b) Book value (c)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. S	, lıne 15
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. S	lue
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. S	
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Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. S	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. S	
	See
Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Federal income taxes	
Annuity Payment Liability 309,167	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 309,167	
2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has be	

Part XI, Line 2d - Other

Part XI, Line 4b - Other

Part XII, Line 2d - Other

Part XII, Line 4b - Other

A djustments

A djustments

A djustments

A djustments

Par	the organization answered 'Yes' to Form 990, Part IV, line 12a.	er F	Return Complete if
1	Total revenue, gains, and other support per audited financial statements	1	27,152,677
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 XIII)		
e	Add lines 2a through 2d	2e	-19,505
3	Subtract line 2e from line 1	3	27,172,182
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	-52,946
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	27,119,236
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses of the organization answered 'Yes' to Form 990, Part IV, line 12a.	s per	Return. Complete
1	Total expenses and losses per audited financial statements	1	21,008,372
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	49,715
3	Subtract line 2e from line 1	3	20,958,657
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b 19,505		
С	Add lines 4a and 4b	4 c	19,505
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	20,978,162
Prov Part	Supplemental Information Vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 to V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to rmation.		de any additional
	Return Reference Explanation		
Part 1	Collection items acquired either through purchase or donation are not callection items are recorded as decreases in unrestricted net assets if assets and as decreases in temporarily restricted or permanently restricted with donor-restricted assets. Contributions of collection items are not reactivities. Proceeds from deaccessions or insurance recoveries are refleactivities based on the absence or existence and nature of donor-impose	purcha ed ne cogna cted o	ased with unrestricted t assets if purchased zed in the statement of on the statement of
Part 1	Organization's collection includes paintings, taxidermy specimens, foss museum which is open to the general public	ls, an	d display exhibits in the

Interdivisional activity -19,505

Interdivisional activity 19,505

Rental Expense 49,715

Rental Expense -49,715 Riley Family Trust -3,231

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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As Filed Data -

DLN: 93493133039745

Statement of A

Statement of Activities Outside the United States

20

Employer identification number

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. 2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Answers In Genesis Inc

SCHEDULE F

(Form 990)

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

				33-0596423	
Part I General Information "Yes" to Form 990, Par			ne United States. C	omplete if the organiza	ation answered
For grantmakers. Does the or other assistance, the grantee to award the grants or assistance.	s' eligibility fo	r the grants o	r assistance, and the	selection criteria used	d Yes No
2 For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitori	ng the use of its grant	s and other
3 Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional sp	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) South Asia	0		Program Services	Consulting	47,48
(2) East Asia and the Pacific	0	1	Program Service	production of vacation bible study materials	1,124,69
(3)					
(4)					
(5)					
3a Sub-total	0	2			1,172,17
b Total from continuation sheets to Part I	0	0			
c Totals (add lines 3a and 3b)	0	2			1,172,17
For Paperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat	No 50082W Schedu	ile F (Form 990) 2013

Pa						ited States. Compl duplicated if additior			to Form 990,
1	(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(:	1)								
(:	2)								
(:	3)								
(4	4)								
2						ies by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganizations or ent	rities					

Schedule F (Form 990) 2013

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

Part III can be	Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
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(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								
	1			l .				

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 organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	V	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	V	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u>ح</u> ا	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	V	. No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	দ	. No
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 5713).	Г	Yes	V	. No

Schedule F (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 33-0596423

Name: Answers In Genesis Inc

Schedule F (Form 990) 2013

Page 5

Part V Supplemental Information

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

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DLN: 93493133039745

OMB No 1545-0047

Open to Public

Schedule J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Internal Revenue Service Name of the organization

Answers In Genesis Inc

Employer identification number

	33-0596423			
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Form 990 of other organizations Approval by the board or compensation committee			
4	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			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	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.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	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			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	 		INU
,	section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation			reported as deferred in prior Form 990	
(1)Kenneth Ham President/CEO	(i) (ii)	146,951 0	0	0	325 0	47,329 0	194,605 0	0 0	

Schedule J (Form 990) 2013

Part III Supplemental Information

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

Return Reference **Explanation**

Schedule J (Form 990) 2013

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DLN: 93493133039745

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

► 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, line 38a or 40b.

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Answers In Genesi	s Inc						3	3-05	96423			
	ess Benefit olders										40b	
	e of disqualifie				disqualified		cription				(d) Corr	ected?
-	•	, ,		n and organiz		, ,	·				Yes	No
4958 .	mount of tax ir						the year	unde	rsection F \$	n		
3 Enter the a	imount of tax, i	fany, on line	2, above, re	eimbursed by	the organizat	ion			> \$			
	ans to and/											
	mplete if the or ianization repoi						Form 9	90, Pa	art IV, lı	ne 26,	or if the	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan t	:o e	(e)Original principal amount	(f) Balance due		(g) In default?		- 1		tten nent?
				Ι_	_				commi	1	1	T
		+	То	From			Yes	No	Yes	No	Yes	No
											_	
											_	
									ļ		_	
									-	<u> </u>	_	
		<u> </u>							1		7	
otal Part IIII Gra	nts or Assi	stance Rei	nefitting	Intereste	d Persons							
	mplete if the					art IV, line	27.					
(a) Name of Ir	nterested (b) Relationsh iterested pers organiza	ip between son and the	1	nt of assistanc		e of ass	ıstanc	:e (e) Purpo:	se of ass	istance
												
	+											
				+								

Pariety Business Transactions II	nvolving Interested	l Persons.			
Complete if the organization	<u>n answered "Yes" on F</u>	<u>Form 990, Part IV, lın</u>	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2013

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	(c) A mount of	(d) Description of transaction	(e) Sharing of			

(a) Name of interested person	between interested person and the	transaction	(a) Bescription of transaction	organization's revenues?		
	organization			Yes	No	
(1) Tım Dudley	AIG Board member and President of New Leaf Publishing	832,536	AIG purchases from New Leaf Publishing		No	
(2) Tim Dudley	A IG Board member and President of New Leaf Publishing purchases from A IG				No	
(3) New Leaf Publishing	See Tim Dudley 75,418 Book royalties to Answers in Genesis					
(4) Renee Hodge	Daughter of CEO , staff member				No	
(5) Jeremy Ham	Son of CEO, staff member	39,599	Staff member compensation		No	
(6) Kristel Ham	Daughter of CEO , staff member	18,900	Staff member compensation		No	
(7) David Hodge	Son-In-law of CEO, staff member	62,867	Staff Member compensation		No	
(8) Stephen Ham	Brother of CEO, staff member	72,846	Staff Member compensation		No	
(9) Dan Manthei	AIG Board member	416,399	Joint Venture (Takenbac Enterprises LLC)		No	
(10) Tony Biller	AIG Board Member and Attorney for Coats & Bennett	14,372	Legal Fees		No	
(11) Brad Benbow	AIG Board Member and Chairman, CEO of JDA	, , , , , , , , , , , , , , , , , , , ,				

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DLN: 93493133039745

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

Inspection

Internal Revenue Service Name of the organization Answers In Genesis Inc

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number**

					33-0	0596423			
Pa	rt I Types of Property	1							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported or Form 990, Part VIII line 1g	۱	Method of c noncash contri			nts
	Art—Works of art				_				
	Art—Historical treasures .				_				
	Art—Fractional interests				_				
	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles				\dashv				
	Boats and planes								
	Intellectual property				_				
	Securities—Publicly traded .	X	17	290,6	77 S	Selling Price			
	Securities—Closely held stock .			,					
	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
	Qualified conservation contribution—Other								
	Real estate—Residential .	X	1	188,7	50 S	elling Price			
	Real estate—Commercial								
	Real estate—Other	X	1	4,374,7	48 F	MV			
	Collectibles				+				
	Food inventory				+				
	Drugs and medical supplies .				+				
	Taxidermy				\dashv				
	Scientific specimens				\dashv				
	Archeological artifacts								
	Other►(X	4	3.4	80 S	Selling Price			
	ın)			•					
	Other ► (er)	X	1	3,3.	20 C	ost			
) th	Other►(er)	X	1			elling Price			
	Other►(er)	_ X	2		89 F				
	Other►(estock)	X	1		155	Selling Price			
29	Number of Forms 8283 received by t for which the organization completed				29			Yes	0 No
30a	 During the year, did the organization it must hold for at least three years f 								
	for exempt purposes for the entire ho	olding period	,				30a		No
ŧ	If "Yes," describe the arrangement i	n Part II							
31	Does the organization have a gift acc	ceptance po	licy that requires the revie	w of any non-standard	cont	:rıbutıons?	31	Yes	
	Does the organization hire or use thi contributions?	rd parties or	related organizations to s	olicit, process, or sell	nonc	ash	32a	Yes	
	If "Yes," describe in Part II If the organization did not report an a	amount in co	olumn (c) for a type of prop	erty for which column (a) ıs	checked,			

describe in Part II

5							
Part II Supplemental Information. Provide the information required by Part I, lines 30b,							
32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, th							
number of items received, or a combination of both. Also complete this part for any additional informatio							
Return Reference	Explanation						
Part I, Line 32b Answers in Genesis uses a third-party brokerage firm to handle all contributions of securities							

Schedule M (Form 990) (2013)

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As Filed Data -

DLN: 93493133039745

OMB No 1545-0047

2013

Open to Public Inspection

SCHEDULE O (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.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization
Answers In Genesis Inc

33-0596423

990 Schedule O, Supplemental Information

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 boar d 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
Form 990, Part XI, line 9	Riley Family Trust Income 3,231
Form 990, Part XII Line 2C	The organization did not change it oversight or selection process during the current year

DLN: 93493133039745

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Answers In Genesis Inc

Department of the Treasury

Internal Revenue Service

Employer identification number

33-0596423

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Ark Encounter LLC 2800 Bullittsburg Church Road Petersburg, KY 41080 27-3945921	Own, Lease, develop property	МО	0	11,720,837	Crosswater Canyon Inc
(2) Grant County Community Development LLC 2800 Bullittsburg Church Road Petersburg, KY 41080 45-2594807	Entity Dissolved on 5/1/2014	КҮ	0	0	
(3) Ark Development LLC 2800 Bullittsburg Church Road Petersburg, KY 41080 47-3885433	Own, Lease, develop property	КҮ	0	4,374,748	

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) Section 512((13) controll entity?		
						Yes	No	
(1) Crosswater Canyon Inc	Religious Education	KY	501(c)(3)	509(a)(1)		Yes		
2800 Bullittsburg Church Rd								
Petersburg, KY 41080 27-4026852								

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predo Income unre exclud tax sectio	(e) ominant e(related, elated, ded from under ons 512- 514)	(f) Share of total income	(g) Share of end-of-y assets	of Dispro vear alloca	n) ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Genei mana parti	ral or iging ner?	(k) Percenta owners
enbac Enterprises LLC		Investment	KY		Investm	nent	-126	971,	Yes	No No		Yes Yes	No	
384 KY 41048 9931		investment	K1		IIIVCSUI	nene	120	3,1,	330	No		103		
IV Identification of Related Or line 34 because it had one or r									answere	ed "Ye	s" on Form	990	, Par	t IV,
(a) (b) Name, address, and EIN of Primary activity related organization		(c) Legal domicile (state or foreign country)		(d) Direct controllir entity		(e) Type of er (C corp, corp, or trust)	S Inco	of total	(g) Share of en of-year assets		(h) Percentage ownership	Sect (b	(i) non 512 n)(13) ntrolled ntity?	
				1								Ye	es	No
					\neg									
												+		+-

(5) Crosswater Canyon Inc

Part \	Transactions With Related Organizations Complete if the organization	answered "Yes" on Fo	orm 990, Part IV, lind	e 34, 35b, or 36.						
No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 Durın	g the tax year, did the orgranization engage in any of the following transactions with one or i	more related organization	s listed in Parts II-IV?		П					
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity										
b Gift, grant, or capital contribution to related organization(s)										
c Gift, grant, or capital contribution from related organization(s)										
d Lo	ans or loan guarantees to or for related organization(s)				1d	Yes				
e Lo	ans or loan guarantees by related organization(s)				1e		No			
f Di	vidends from related organization(s)				1f		No			
g Sa	le of assets to related organization(s)				1g		No			
h Pu	rchase of assets from related organization(s)				1h		No			
i Ex	i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)										
k Le	ase of facilities, equipment, or other assets from related organization(s)				1k		No			
l Performance of services or membership or fundraising solicitations for related organization(s)										
	formance of services or membership or fundraising solicitations by related organization(s)				1m		No			
	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes				
	aring of paid employees with related organization(s)				10		No			
					Ш					
p Re	ımbursement paıd to related organızatıon(s) for expenses				1р	Yes				
q Re	ımbursement paıd by related organization(s) for expenses				1q	Yes				
r Ot	her transfer of cash or property to related organization(s)				1r		No			
s Ot	her transfer of cash or property from related organization(s)				1s		No			
	he answer to any of the above is "Yes," see the instructions for information on who must co	mplete this line, including	covered relationships	and transaction thresholds						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	unt ir	nvolved				
(1) Crossv	vater Canyon Inc	D	1,500,000	FMV						
(2) Crossw	vater Canyon Inc	С	4,374,748	FMV						
(3) Crossw	vater Canyon Inc	N	48,000	FMV						
(4) Crossv	vater Canyon Inc	P	83,802	FMV						

Q

149,846 FMV

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

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)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013