DLN: 93493276001102 OMB No 1545-0047

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 black lung benefit trust or private foundation)

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

1,820,421

11,143,394

1,884,399

10,907,944

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 D Employer identification number **B** Check if applicable Institute for Creation Research Address change 95-3523177 Doing Business As E Telephone number ☐ Name change (800) 337-0375 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 7,426,506 Terminated City or town, state or country, and ZIP + 4 Dallas, TX 75229 Amended return Application pending Name and address of principal officer Is this a group return for Dr Henry Morris III 1806 Royal Lane Dallas, TX 75229 H(b) Are all affiliates included? □ Yes □ No If "No." attach a list (see instructions) **▽** 501(c)(3) **┌** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 Website: ► www.icr.org K Form of organization Corporation Trust Association L Year of formation 1981 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities Christian apologetics, creation science education and research Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 6 Number of independent voting members of the governing body (Part VI, line 1b) . 6 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 49 290 6 Total number of volunteers (estimate if necessary) 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 5,720,479 8,204,933 8 Contributions and grants (Part VIII, line 1h) . 179,744 9 Program service revenue (Part VIII, line 2g) . 181,930 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 51,804 79,149 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 309,428 192,908 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 8,748,095 6,172,280 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13 0 0 0 0 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 3,223,007 2,867,906 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 b Total fundraising expenses (Part IX, column (D), line 25) ► 396,177 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,672,312 3,054,436 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 5,540,218 6,277,443 19 Revenue less expenses Subtract line 18 from line 12 . . . 3,207,877 -105,163 Assets or defined designated **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . . . 12,963,815 12,792,343

21

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge

Net assets or fund balances Subtract line 21 from line 20

Total liabilities (Part X, line 26)

Sign	Signature of officer								
Here	Dr Henry Morris III CEO								
	Type or print name and title								
Paid	Preparer's signature David C Moja	Date							
Preparer's Use Only	Firm's name (or yours APIN CROUSE LLP of self-employed),								
OSC OIIIY	address, and ZIP + 4 972 EMERSON PARKWAY STE A								
	GREENWOOD, IN 46143								
	- 1								

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

Par	t III	Statement of Program S Check if Schedule O contains			I	୮
1	Briefl	ly describe the organization's mi	ssion			
		believers with evidence of the B ns, all conducted within thoroug			entific research, educational p	rograms, and media
2		ne organization undertake any si rior Form 990 or 990-EZ? .		ervices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these new services	on Schedule O			
3	servi	ne organization cease conductin ces?			onducts, any program	「Yes ▽ No
	If "Ye	s," describe these changes on S	chedule O			
4	exper	ribe the organization's program s nses Section 501(c)(3) and 501 s and allocations to others, the t	l (c)(4) organizations	s and section 4947(a)(1) trusts are required to repo	
 4a	(Code	e) (Expenses \$	729,070	ıncludıng grants of \$) (Revenue \$)
		ARCH- Scientific research to support cre ces such as geology and cosmology pro			cal perspective Research projects inc	lude Life Sciences and Physical
	(Code	e) (Expenses \$	2,258,197	ıncludıng grants of \$) (Revenue \$	239,465)
	Educa	CATION- Courses in Biblical Apologetics, ation programs include face-to-face and cations such as Acts & Facts, and the IC	l online coursework for C	Christian school teachers ar	nd Christian leaders, Home school Ass	sociations, and church leadership
4 c	(Code	, , , , ,		including grants of \$) (Revenue \$	111,262)
	Days	IED RESEARCH & COMMUNICATIONS- E of Praise and programs, such as Radio d on Genesis 1-11				
	O the	er program services (Describe i	n Schedule O)			
		penses \$	including grants o	f\$) (Revenue \$)
4e	Tota	ıl program service expenses►\$	5,198,04	18		

Part IV	Chec	klist of	Required	Schedules
4	CHEC	KIISL UI	<u>Reduired</u>	Scriedures

	•		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		N o
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</i> "Yes," complete Schedule C, Part II	4		N o
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		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		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Dar	t IV Checklist of Required Schedules (continued)			
				T
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	· · · · · · ·			
	1a 28			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	10	Yes	
	gaming (gambling) winnings to prize winners?	1c	res	
la .	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
a	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		Νo
ь	account)?			INU
U	If "Yes," enter the name of the foreign country ►			
	See manactions for iming requirements for Form 1D F 30-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<i>J</i> U		
_	1. 165 to fine 54 of 55, and the organization me form 0000 1	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
_	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -
	file Form 8282?	7c		No_
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
h	required?	/y		
	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		
)	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	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 against amounts due or received from them)			
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	a		
0	year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Vos " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2011)

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

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

Enter the number of voting members of the governing body at the end of the tax year .	Se	ction A. Governing Body and Management							
be Enter the number of voting members included in line 1a, above, who are independent in the property of the p				Yes	No				
be Enter the number of voting members included in line 1a, above, who are independent in the property of the p									
be Enter the number of voting members included in line 1a, above, who are independent in the property of the p	_								
be Each center that number of voting members included in line 1a, above, who are independent independ	la								
Independent 10 10 10 10 10 10 10 1	ь	, , , , , , , , , , , , , , , , , , , ,							
beta officer, director, trustee, or key employee? so a management dutes customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? A Did the organization make any significant changes to its governing documents since the prior Form 990 was field? Did the organization have members or stockholders? Did the organization have members, stockholders? Did the organization have members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the very by the following The governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the very by the following The governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the very by the following The governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the very by the following The governing body? Did the organization for the governing body? Did the organization have written policies information about policies not required by the International Code of the governing body? Did the organization have local chapters, pranches, or affiliates? Did the organization have local chapters, pranches, or affiliates? Did the organization have local chapters, pranches, or affiliates? Did the organization have a written very the governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizat	_								
supervision of officers, directors or trustees, or key employees to a management company or other person? 4	2		2	Yes					
filed No No No No No No No N	3		3		No				
10 dit de organization have members or stockholders? 10 dit de organization have members, stockholders, or other persons who had the power to elect or appoint one more members of the governing body? 10 dit de organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 10 dit he organization contemporaneously document the meetings held or written actions undertaken during the year by the following 11 The governing body? 12 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 12 The governing body? 13 The governing body? 14 Each committee with authority to act on behalf of the governing body? 15 Each committee with authority to act on behalf of the governing body? 16 Each committee with authority to act on behalf of the governing body? 18 Each committee with authority to act on behalf of the governing body? 19 Each committee with authority to act on behalf of the governing body? 20 Each committee with authority to act on behalf of the governing body? 21 Each committee with authority to act on behalf of the governing body? 22 Each committee with authority to act on behalf of the governing body? 23 Each committee with authority to act on behalf of the governing body? 24 Each committee with authority to act on behalf of the governing body the governing body the foreign and addresses in Schedule O. 24 In the organization have local chapters, provide the names and addresses in Schedule O. 25 Each committee with authority to act on behalf of the governing body the foreign and activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization of public example. 26 In the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization could give the form? 27 In the organization have a written docume	4		4		No				
The property of the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body? No	5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo				
The properties of the governing body? The go	6		6		No				
more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Seach committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the granization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the International Provided and Part VII, Section A, who cannot be reached at the granization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the International Provided to the process of the same and addresses in Schedule O Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Did the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destru			_						
or persons other than the governing body? 1 the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 1 the governing body? 1 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the International Provided in the organization have local chapters, branches, or affiliates? 1 to 10 the organization have local chapters, branches, or affiliates? 1 to 10 the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organizations exempt purposes? 1 the form? 2 the organization have a written conflict of interest policy? If "No," go to line 13 1 the organization have a written conflict of interest policy? If "No," go to line 13 1 the organization have a written conflict of interest policy? If "No," go to line 13 1 the organization have a written whistleblower policy? 1 the organization have a written whistleblower policy? 2 the organization have a written whistleblower policy? 3 the organization have a written whistleblower policy? 4 the organization have a written whistleblower policy? 5 the organization have a written whistleblower policy? 5 the organization have a written whistleblower policy? 6 the organization have a written whistleblower policy? 7 the organization have a written whistleblower policy? 8 the organization have a written whistleblower policy? 8 the organization have a written whistleblower policy? 9 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 d		more members of the governing body?							
year by the following 1 The governing body? 2 The governing body? 3 The governing body? 3 The governing body? 4 The governing body? 5 The governing body before did not governing body before filling a fill a very purpose? 6 The governing body before filling a very purpose? 6 The governing body before filling a very purpose? 6 The governing body before filling a very purpose? 6 The governing body before filling a very purpose? 7 The governing body before filling a very purpose? 7 The governing body before filling a very purpose? 8 The governing body before filling a very purpose? 8 The governing body before filling a very purpose? 8 The governing body before filling a very purpose? 8 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose? 9 The governing body before filling a very purpose. 9 The governing body before filling a v	J		76		NO				
Seach committee with authority to act on behalf of the governing body? Sisters any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the regarization's mailing address? If "Yes," provide the names and addresses in Schedule O Sisters any officer, director, trustee, or key employees listed in Part VIII, Section A, who cannot be reached at the regarization's mailing address? If "Yes," provide the names and addresses in Schedule O Sisters and Schedule O Sisters	8								
Section B. Policies (This Section B requests information about policies not required by the Internal Section B. Policies (This Section B requests information about policies not required by the Internal Section B. Policies (This Section B requests information about policies not required by the Internal Section B. Policies (This Section B requests information about policies not required by the Internal Section B. Policies (This Section B requests information about policies not required by the Internal Section B. Policies (This Section B requests information about policies not required by the Internal Section B. Policies (This Section B requests information about policies not required by the Internal Section B. Policies (This Section B requests information about policies not required by the Internal Section B. Policies (This Section B requests information about policies not required by the Internal Section B of	а	The governing body?	8a	Yes					
organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Policies (This Section B requests information about policies not provided a Complete Code) or affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Policies (This Section have awritten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Policies (This Section Have awritten operations are consistent with the organization's exempt provided a complete copy of this Form 990 to all members of its governing body before filing the form? Policies (This Section Have awritten conflict of interest policy? If "No," go to line 13 Policies (This Section Have awritten conflict of interest policy? If "No," go to line 13 Policies (This Section Have awritten conflict of interest policy? If "No," go to line 13 Policies (This Section Have awritten document required to disclose annually interests that could give in set to conflicts? Policies (This Section Have awritten document required to disclose annually interests that could give in set to conflicts? Policies (This Section Have awritten Members) Policies (This Section Have awritten document retention and destruction policy? If "Yes," destruction have a written document retention and destruction policy? In the organization have a written document retention and destruction and decision? In dependent persons, comparability data, and contemporaneous substantiation of the deliberation a	b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Political Code.	9		9		No				
No No No No No No No No	Se								
10a bid the organization have local chapters, branches, or affiliates? 10a No 10b bid 16 "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12a bid the organization have a written conflict of interest policy? If "No," go to line 13 12a bid the organization have a written conflict of interest policy? If "No," go to line 13 12b Ves 12c Ves 12d Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Ves 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Ves 15 Did the organization have a written document retention and destruction policy? 15a Ves 15b Oit the organization shave a written document retention and destruction policy? 15a Ves 15a The organization's CEO, Executive Director, or top management official 15a Ves 15b Ves 15c Other officers or key employees of the organization 15a Ves 15b Ves 15c Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15a Ves 15b Ves 15c Ves 15c Ves 15d Ve		· · · · · · · · · · · · · · · · · · ·							
the fire Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12a Did the organization have a written conflict of interest policy? If "No," go to line 13				Yes	No				
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo				
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review the Form 990	b	affiliates, and branches to ensure their operations are consistent with the organization's exempt	10b						
Did the organization have a written conflict of interest policy? If "No," go to line 13	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	11a	Yes					
Did the organization have a written conflict of interest policy? If "No," go to line 13	b								
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
rise to conflicts?			12a	Yes					
13 Poid the organization have a written whistleblower policy?	b		12b	Yes					
Did the organization have a written document retention and destruction policy?	c			Yes					
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? The organization's CEO, Executive Director, or top management official	13	Did the organization have a written whistleblower policy?	13	Yes					
Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14	Did the organization have a written document retention and destruction policy?	14	Yes					
The organization's CEO, Executive Director, or top management official	15								
If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	а								
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	ь								
taxable entity during the year?									
taxable entity during the year?									
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a		16a		No				
organization's exempt status with respect to such arrangements?	b								
Section C. Disclosure		organization's exempt status with respect to such arrangements?	16b						
	Se	ction C. Disclosure							

- LT List the States with which a copy of this Form 990 is required to be filed►CA,TX,NE,FL,IL
- 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. Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public See Additional Data Table

 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
- Eileen Turner 1806 Royal Lane Dallas,TX 75229

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

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

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

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

(A) Name and Title	(B) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) Dr David Wismer Chairman	1 00	х		Х				0	0	0
(2) Richard Bliss Vice Chairman	1 00	х		Х				0	0	0
(3) Dan Mitchell Secretary	1 00	х		Х				0	0	0
(4) Dr Mac Brunson Trustee	1 00	х						0	0	0
(5) Jack Brady Trustee	1 00	х						0	0	0
(6) Dan Farell Trustee	1 00	х						0	0	0
(7) Dr Henry M Morris III CEO	50 00			Х				130,519	0	30,755
(8) Dr John Morris President	45 00			Х				96,498	0	20,850
(9) F Eileen Turner CFO	50 00			х				85,082	0	14,499

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

	(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e tha	n on son er ai	e bo ıs bo nd a	x, oth)		(D) Reportable compensatio from the organization (' 2/1099-MIS	ortable Reportable ensation compensation m the from related eation (W- organization		(F) Estima amount o compens from to organizati relat	ated fother sation the on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former		Misch		organiza	
1b	Sub-Total		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>			_		
С	Total from continuation sheets	to Part VII, Sec	tion A					F					
d	Total (add lines 1b and 1c) .								312,0	99	0		66,104
2	Total number of individuals (incl \$100,000 of reportable compen					ted	above) who	received more	than			
3	Did the organization list any for					ey e	mploy	ee, o	or highest comp	ensated employee		Yes	No
4	on line 1a? If "Yes," complete Sch For any individual listed on line : organization and related organiz	1a, is the sum of	f report	able (com						3		No_
5	Did any person listed on line 1a services rendered to the organiz										5		No
	ation D. Todonoudo de C.	hua ak										-	
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio											
	Nar	(A) Name and business address (B) Description of services								(C) Compensation			
	Fotal number of independent cont			يا هم		1 4 - 1	.	1 4 -	d = h = v = \ v = h = v =				

\$100,000 of compensation from the organization $\blacktriangleright 0$

Form 99								Page 9
Part V	<u> </u>	Statement o	f Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated cam	paigns 1a	34,288				
듄	ь	Membership du	es 1b					
s,g ≣	c	Fundraising eve	ents 1 c					
∰a	d	Related organiz	ations 1d					
<u>∞</u> [<u>E</u>	e	Government grants	s (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in	5,686,191				
Son	h	Total. Add lines	s 1a-1f	▶	5,720,479			
				Business Code				
Ī	2a	Honorariums		900099	62,392	62,392		
\$2 \$2	ь	Tuition & registration	on	900099	50,900	50,900		
90	c	Other program rev	enue	900099	38,123	38,123		
35	d	Postage handling	_	900099	17,569	17,569		
ૐ =	e	Seminar & tour fee	es	900099	10,760	10,760		
듄	f	All other progra	ım service revenue		·			
Program Service Revenue		T-1-1 A dd l	- 2- 26		170 744			
	g 3		ome (including dividen	-	179,744			
			ar amounts)	· · · · · · · · · · · · · · · · · · ·	62,477			62,477
	4		tment of tax-exempt bond	-				
	5	Royalties		▶ ↑	21,925			21,925
			(ı) Real	(11) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	L me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,007,460					
	ь	Less cost or other basis and	990,788					
	_	sales expenses Gain or (loss)	16,672					
	c d	Net gain or (los		▶	16,672			16,672
	8a	Gross income f		ı				20,012
Other Revenue		events (not inc \$	luding reported on line 1c)					
thе	ь		penses b					
0	C		(loss) from fundraising	events 🟲 I				
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	ь		penses b					
	C		(loss) from gaming acti	vities				
	104	Gross sales of returns and allo	owances . a	434,421				
	Ь		oods sold b	263,438	470.000	470.000		
	С	Net income or ((loss) from sales of inv	entory Business Code	170,983	170,983		
	11a	miscellaneous	o veseune	Dusiliess Code				
	b							
	C							
	d	All other reven						
	e e		ue s 11a-11d					
	12		See Instructions .		6 173 300	357 337	•	101.074
	ı				6,172,280	350,727	0	101,074

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	heck if Schedule O contains a response to any question in this Part IX		/B\)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) 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	363,912	236,157	112,487	15,268
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	278,214	164,317		113,897
7	Other salaries and wages	1,844,567	1,563,260	213,138	68,169
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	115,271	90,164	15,968	9,139
9	Other employee benefits	409,403	314,849	72,072	22,482
10	Payroll taxes	211,640	169,358	27,436	14,846
11	Fees for services (non-employees)				
а	Management				-
b	Legal	12,192	1,248	10,909	35
С	Accounting	37,614		37,614	
d	Lobbying	,		,	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,500		1,500	
g g	Other	215,363	214,276	926	161
12	Advertising and promotion	100,402	74,810	320	25,592
13	Office expenses	200,007	158,418	38,409	3,180
14	Information technology	220,506	183,516	31,841	5,149
15	Royalties	17,429	17,429	31,611	3,213
16	Occupancy	309,851	223,629	66,768	19,454
17	Travel	288,582	272,731	10,357	5,494
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	200,302	272,731	10,337	3,434
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	225,534	187,701	32,567	5,266
23	Insurance	45,099	39,114	4,251	1,734
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Printing	717,311	678,472	5,446	33,393
b	Postage and freight	663,046	608,599	1,529	52,918
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,277,443	5,198,048	683,218	396,177
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			317,515	1	346,067
	2	Savings and temporary cash investments	4,785,885	2	4,487,620		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	2,864	4	10,873		
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	employees, and				
		Schedule L	25,000	5	20,000		
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of	4958(f)(1)) and				
		Schedule L			0	6	0
Assets	7	Notes and loans receivable, net	•			7	
883	8	Inventories for sale or use			226,264	8	112,805
q.	9	Prepaid expenses and deferred charges			17,512	9	16,406
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	6,801,830			
	b	Less accumulated depreciation	10b	1,252,996	4,500,639	10 c	5,548,834
	11	Investments—publicly traded securities			3,088,136	11	2,249,738
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,963,815	16	12,792,343		
	17	Accounts payable and accrued expenses .			132,237	17	146,169
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
16	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
æ		persons Complete Part II of Schedule L				22	
\exists	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	4 600 404		4 720 220		
		D			1,688,184	25	1,738,230
	26	Total liabilities. Add lines 17 through 25			1,820,421	26	1,884,399
Balances		Organizations that follow SFAS 117, check here ▶	lete li	nes 27			
<u></u>	27	Unrestricted net assets			10,348,115	27	10,056,017
B	28	Temporarily restricted net assets			791,420	28	848,068
Fund	29	Permanently restricted net assets			3,859	29	3,859
or Fu		Organizations that do not follow SFAS 117, check here ► ☐ an lines 30 through 34.	d com	plete			
	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 fu	nds			32	
Net	33	Total net assets or fund balances			11,143,394	33	10,907,944
Z	34	Total liabilities and net assets/fund balances			12,963,815	34	12,792,343
					•		

- Pa	Check if Schedule O contains a response to any question in this Part XI		•	. I	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6.1	.72,28(
2	Total expenses (must equal Part IX, column (A), line 25)	2			277,443
3	Revenue less expenses Subtract line 2 from line 1	3		-1	.05,163
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,1	L43,394
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1	.30,287
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		10,9	07,944
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection

Institute for Creation Research 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 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other Type I b Type II 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, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11q(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization of (i) lise your goven documents.	ie Ion in Ited in Erning	(v) Did you no organizat col (i) of suppor	tify the ion in your	(vi) Is the organizate col (i) organithe U	ion in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

	ection A. Public Support	e organization	rails to qualify u	naer the tests I	istea below, ple	ase co	mpietė F	art III.)
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	In) Gifts, grants, contributions, and membership fees received (Do not include any "unusual"			4,564,638	8,204,933		,720,479	28,429,954
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	5,365,48	3 4,574,421	4,564,638	8,204,933	5	,720,479	28,429,954
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							971,938
6	Public Support. Subtract line 5							27,458,016
	from line 4 ection B. Total Support							
	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	\	(f) Total
_	beginning in)		4,574,421					28,429,954
7 8	A mounts from line 4 Gross income from interest,	5,365,483	4,374,421	4,564,638	8,204,933	ی	,720,479	20,429,934
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	282,720	227,645	197,988	125,753		84,402	918,508
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)	(6						29,348,462
12	Gross receipts from related activity			* h	£4.	12	1)	3,611,926
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul			, tillra, lourth, or li	itii tax year as a :	501(6)(3	organiz	▶
14	Public Support Percentage for 201			11 column (f))		14		93 560 %
15	Public Support Percentage for 201	-		.,,		15		93 170 %
16a	33 1/3% support test—2011. If the			on line 13, and l	ine 14 is 33 1/3%		, check tl	
	and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization median	e organization did n qualifies as a p — 2011. If the org ition meets the "i	not check the box ublicly supported anization did not of facts and circumst	on line 13 or 16 organization check a box on lin cances" test, chec	e 13, 16a, or 16b ck this box and st e	and line	: 14 Explain	▶ ┌
h	organization 10%-facts-and-circumstances test	-2010 . If the ora	anization did not o	heck a hoy on lin	e 13 16a 16h o	r 17a an	d line	► □
	15 is 10% or more, and if the orgal Explain in Part IV how the organiza supported organization	nization meets th Ition meets the "i	e "facts and cırcu facts and cırcumst	mstances" test, c ances" test The	heck this box and organization qual	d stop he Ifies as a	e re. a publicly	► □
18	Private Foundation If the organizations	ion ala not cneck	k a box on line 13,	10a, 10D, 1/a 0r	1/D, CRECK TRIS I	טע and :	see	► □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. 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

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

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493276001102

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions

Interna	l Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.	Inspection
	me of the organ			Employer identification number
Ins	titute for Creation R	esearcn		95-3523177
Pa	rt I Organ	nizations Maintaining Donor Ac	lvised Funds or Other Similar Fu	ands or Accounts. Complete if the
	organiz	zation answered "Yes" to Form 99	,	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number a	,		
2		tributions to (during year)		
3		nts from (during year)		
4		ue at end of year		
5		zation inform all donors and donor advi- organization's property, subject to the o	sors in writing that the assets held in don- organization's exclusive legal control?	or advised Yes No
6	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	
Pa	rt III Conse	ervation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.
2	Preservat Protection Preservat Complete lines	conservation easements held by the or tion of land for public use (e g , recreation of natural habitat tion of open space s 2a–2d if the organization held a quali the last day of the tax year	on or pleasure)	historically importantly land area ertified historic structure
	easement on t	he last day of the tax year	Γ	Held at the End of the Year
а	Total number o	of conservation easements		2a
b	Total acreage	restricted by conservation easements		2b
С	Number of con	servation easements on a certified his	toric structure included in (a)	2c
d	Number of con	servation easements included in (c) ac	quired after 8/17/06	2d
3	Number of con	servation easements modified, transfe	ــ rred, released, extinguished, or terminate	d by the organization during
		ar ►	, , ,	, ,
4			tion accoment to located by	
		tes where property subject to conserva		
5		f the conservation easements it holds?	the periodic monitoring, inspection, hand	Yes No
6	Staff and volur	nteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ►
7	A mount of exp ► \$		ng, and enforcing conservation easements	during the year
8	•		(d) above satisfy the requirements of sec	tion
_) and 170(h)(4)(B)(II)?	(.,,	☐ Yes ☐ No
9	balance sheet,		onservation easements in its revenue and he footnote to the organization's financial nents	
Par			ns of Art, Historical Treasures, o	or Other Similar Assets.
		ete if the organization answered "		
1a	art, historical t	treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researce ancial statements that describes these it	th in furtherance of public service,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research in	
	(i) Revenues I	included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets inc	luded in Form 990, Part X		► \$
2		tion received or held works of art, historium required to be reported under SFAS	orical treasures, or other similar assets fo S 116 relating to these items	r financial gain, provide the
а	Revenues incli	uded in Form 990, Part VIII, line 1		▶ \$

b Assets included in Form 990, Part X

3										sets (
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	_		_		se of its collect	ion	
а	Public exhibition		d	Г	Loan	orexc	hange prog	rams			
b	Scholarly research		е	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y furthe	er the c	organization	ı's ex	empt purpose	n	
5	During the year, did the organization solicit										_
	assets to be sold to raise funds rather than t									Yes	☐ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	forc	ontribu	itions (or other ass	ets r	not	☐ Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving t	able		Г		An	ount	
c	Beginning balance						Ī	1c			
d	Additions during the year						Ī	1d			
e	Distributions during the year						ļ	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. lir	ie 21?	,			L			☐ Yes	□ No
	If "Yes," explain the arrangement in Part XIV										,
	rt V Endowment Funds. Complete		n ans	wer	ed "Ye	s" to	Form 990	Par	t IV. line 10.		
		(a)Current Year) Prior			o Years Back		Three Years Back	(e)Four	Years Back
1a	Beginning of year balance										
b	Contributions										
C	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
С	lermendowment 🟲										
с За	Term endowment ► Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are held	d and a	ıdmınıstere	d for	the		
	Are there endowment funds not in the posses organization by	_		that	are held	d and a	ıdmınıstere	d for		Ye	s No
	Are there endowment funds not in the posses organization by (i) unrelated organizations						dmınıstere	d for	3a(i)	s No
3a	Are there endowment funds not in the posses organization by (i) unrelated organizations							d for	3a(i) ii)	s No
3a b	Are there endowment funds not in the posses organization by (i) unrelated organizations		 ed on S	 Sched	 lule R?			d for	3a(i) ii)	s No
3a b 4	Are there endowment funds not in the posses organization by (i) unrelated organizations		d on S	Sched ent fu	 lule R? inds			d for	3a(i) ii)	s No
3a b 4	Are there endowment funds not in the posses organization by (i) unrelated organizations		d on S	checent fu	· · · lule R? Inds , line :				3a(3a(3l	i) ii) o	
3a b 4	Are there endowment funds not in the posses organization by (i) unrelated organizations		d on S	Schedent fu	 lule R? inds			other	3a(i) ii) o	s No
b 4 Par	Are there endowment funds not in the posses organization by (i) unrelated organizations		d on S	Schedent fu	lule R? inds , line :		(b)Cost or obasis (oth	other	3a(3a(3a(3l	i) ii) o	
b 4 Par	Are there endowment funds not in the posses organization by (i) unrelated organizations		d on S	Schedent fu	lule R? inds , line :		(b)Cost or obasis (oth	other	3a(3a(3a(3l	(d)	Book value
3a b 4 Par 1a l b 8	Are there endowment funds not in the posses organization by (i) unrelated organizations		d on S	Schedent fu	lule R? inds , line :		(b)Cost or obasis (oth	other er)	3a(3l (c) Accumulated depreciation	(d)	Book value 2,463,569
3a b 4 Pair 1a b c	Are there endowment funds not in the posses organization by (i) unrelated organizations		d on S	Schedent fu	lule R? inds , line :		(b)Cost or obasis (oth	other er)	3a(3l (c) Accumulated depreciation	(d)	Book value 2,463,569
3a b 4 Par 1a b c d f	Are there endowment funds not in the posses organization by (i) unrelated organizations		d on S	Schedent fu	lule R? inds , line :		(b)Cost or obasis (oth 2,46: 2,74:	other er) 3,569	(c) Accumulated depreciation	(d)	Book value 2,463,569 2,414,599

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line :	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
- (a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc		(b) Book value
(4) 2 000		(2) 20011 1212
Total. (Column (b) should equal Form 990, Part X, col.(B) line	= 15.)	
Part X Other Liabilities. See Form 990, Part	X, line 25.	
1 (a) Description of Liability	(b) A mount	
	(B) //illoune	
Federal Income Taxes	(b) //mount	
Liabilities for Split Interest Agreements	1,692,817	
Liabilities for Split Interest Agreements	1,692,817	
Liabilities for Split Interest Agreements	1,692,817	
Liabilities for Split Interest Agreements	1,692,817	
Liabilities for Split Interest Agreements	1,692,817	
Liabilities for Split Interest Agreements	1,692,817	
Liabilities for Split Interest Agreements	1,692,817	
Liabilities for Split Interest Agreements	1,692,817	
Liabilities for Split Interest Agreements	1,692,817	
Liabilities for Split Interest Agreements	1,692,817	
Liabilities for Split Interest Agreements	1,692,817	
Liabilities for Split Interest Agreements	1,692,817	
Liabilities for Split Interest Agreements	1,692,817 45,413	

-	rotal revenue (Form 990, Part VIII, Column (A), line 12)		0,172,200
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,277,44
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-105,16
4	Net unrealized gains (losses) on investments	4	-65,02!
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-65,262
9	Total adjustments (net) Add lines 4 - 8	9	-130,283
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-235,450
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	7,324,63
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	888,913
3	Subtract line 2e from line 1	3	6,435,718
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	-263,438
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,172,280
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	7,560,08
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	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	1,282,638
3	Subtract line 2e from line 1	3	6,277,44
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	(
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,277,44
Da.	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X	The financial statement effects of a tax position taken or expected to be taken are recognized in the financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the statement of activities. As of June 30, 2012, the Institute had no uncertain tax positions that qualify for recognition or disclosure in the financial statements.
Part XI, Line 8 - Other Adjustments		Change in value of split interest agreements -65,262
Part XII, Line 2d - Other Adjustments		Change in value of split interest agreements -65,262
Part XII, Line 4b - Other Adjustments		Cost of goods sold reported on Part VIII, Line 10b -263,438
Part XIII, Line 2d - Other Adjustments		Cost of goods sold reported on Part VIII, Line 10b 263,438

DLN: 93493276001102

OMB No 1545-0047

Schedule J (Form 990)

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

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Name	of	the	orga	niza	tion
Institute	e fo	r Cre	ation	Rese	arch

Department of the Treasury

Internal Revenue Service

Employer identification number

95-3523177

Pa	rt I Questions Regarding Compensation	<u> </u>				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses described.			1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the					
	Compensation committee	Г	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No.
8	Were any amounts reported in Form 990, Part VII, p	aid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in					l
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutta	able presumption procedure described in Regulations	9		

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

For each individual whose compensation must be reported in Schedule 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, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
(1) Dr Henry M Morris III	(I) (II)	130,519 0	0 0	0 0	7,891 0	22,864 0	161,274 0	0 0	

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

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493276001102

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

2011

Open to Public Inspection

Name of the organization Institute for Creation Research						Employer identification number						
Dort T	Excess Benefit Tra	ncacti	one /s	oction F01	(6)(3) 5	and soction F01	(c)(4)		5-35231			
Part I	Complete if the organizat										ne 40b	
1 (a) Name of disqualified person						(b) Desc				•		(c) rected?
											Yes	No
	er the amount of tax impos		he orgar • •		-	disqualified pers			ear under, /	r · •		
	er the amount of tax, if any									→ 		
			-		-	e organization :						
Part I	Loans to and/or I Complete if the organi					Dawt IV June 26	0 % F 0 % m	~ 000 [= 7 Dow+ \/	lina 20	_	
	Complete if the organi.			Tes one	01111 990	, Parciv, line 26	, 01 F0111	11 990-1	(f)	, iiile 30	<u>a</u>	
(a) Nam	e of interested person and	1	oan to m the	(c)0 rig	unal		(e) I		Approv		(g)Writ	
(a) Hain	purpose	1	zation?	principal		(d)Balance due	defau	lt?	by boar		agreeme	ent?
		То	From				Yes	No	Yes	No	Yes	No
	Morris IV											
Employee	e loan		X		30,000	20,000		No	Yes	-	Yes	-
										+		
Γotal .					▶ \$	20,000						
Part II	Grants or Assistar Complete if the orga						/ lung 2	7				
						en interested per						
(a) Name of interested pers	on	,			ganızatıon		(c) An	nount of g	rant or ty	pe of assi	stance
							+					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organiza	dir answered res on	oim 550, raiciv, iii	10 200, 200, 01 200.		
(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) Henry Morris IV	Son of Dr Henry Morris III, CEO	83,368	W-2 Wages		No
(2) Don Barber	Brother in Law of Henry Morris	87,362	W-2 Wages		No
(3) Mary Smith	Sister of Dr Henry Morris III, CEO and John Morris, President	36,009	W-2 Wages		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493276001102

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.

OMB No 1545-0047

2011

Open to Public

Inspection

Name of the organization
Institute for Creation Research

95-3523177

ldentifier	Return Reference	Explanation		
	Form 990, Part VI, Section A, line 2	President John Morris and CEO Henry Morris, III are brothers		
	Form 990, Part VI, Section B, line 11	The Form 990 is prepared by an independent CPA firm, reviewed by the CEO and CFO, and then provided to the Board of Trustees prior to filing		
	Form 990, Part VI, Section B, line 12c	The Organization monitors and enforces compliance with the conflict of interest policy by performing a semi-annual review at board meetings		
	Form 990, Part VI, Section B, line 15	Annual process involves comparative salary surveys, contingent on budget considerations and with recommendation by the Executive Committee and approval by the full independent Board of Trustees Documentation is kept in the minutes		
	Form 990, Part VI, Section C, line 18	The public inspection copy of the Organization's Form 990 and Form 1023 are available to the public at the Organization's main office during normal business hours. Form 990 is also available at another's website via www.guidestar.org.and ECFA website		
	Form 990, Part VI, Section C, line 19	The organizational documents are available to the public at the Organization's main office during normal business hours		
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -65,025 Change in value of split interest agreements -65,262 Total to Form 990, Part XI, Line 5 -130,287		
Explanation of Responsibility	Form 990, Part XII, Line 2c	The organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This process has not changed since the prior year.		

Additional Data

Software ID: Software Version:

EIN: 95-3523177

Name: Institute for Creation Research

Form 990, Special Condition Description:

Special Condition Description