· 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2003 calendar year, or tax year beginning 01/01/03 12/31/03 and ending D Employer identification number C Name of organization Please B Check if applicable 33 0596423 ANSWERS IN GENESIS OF KENTUCKY, INC. ☐ Address change label or print or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number ☐ Name change type See 7080 INDUSTRIAL ROAD (859) 727-2222 ☐ Initial return Specific City or town, state or country, and ZIP + 4 Final return instruc. FLORENCE, KY 41042 tions. ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) Is this a group return for affiliates? ☐ Yes ☑ No trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Web site: ▶ WWW.ANSWERSINGENESIS.ORG H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? Yes No J Organization type (check only one) ► Ø 501(c) (3) ◄ (Insert no) ☐ 4947(a)(1) or ☐ 527 (If "No," attach a list See instructions) H(d) Is this a separate return filed by an K Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Group Exemption Number ▶ Check ▶ ☐ if the organization is **not** required Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 10,910,552 to attach Sch B (Form 990, 990-EZ, or 990-PF) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Contributions, gifts, grants, and similar amounts received: 7,164,052 1a a Direct public support 1b **b** Indirect public support c Government contributions (grants) . . 1c 7,024,886 noncash \$ 7,164,052 1d d Total (add lines 1a through 1c) (cash \$ _ 236,074 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 13,436 5 Dividends and interest from securities . . . 6a **b** Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) . 6c Other investment income (describe > 7 8a Gross amount from sales of assets other 0 8a 2,237 0 8b 16,626 **b** Less: cost or other basis and sales expenses. 0 8c -14,389 c Gain or (loss) (attach schedule) . Stmt 1. -14.389 d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) If any amount is from gaming, check here RECEIVED evenue (not including \$ AUG I a National pr (loss) from special events (subtract line 9b from line 9a) 0 9с 3,372,016 10a Gross sales of inventory, less returns and allowances Stmt 2 10a 1,494,318 10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . 122,737 Other revenue (from Part VII, line 103) 11 9,016,228 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 13 5,155,591 13 Program services (from line 44, column (B)) . . . 911,112 14 14 Management and general (from line 44, column (C)) . 15 827,753 15 Fundraising (from line 44, column (D)) 16 16 Payments to affiliates (attach schedule) . . . 6,894,456 Total expenses (add lines 16 and 44, column (A)) 17 17 18 2,121,772 18 Excess or (deficit) for the year (subtract line 17 from line 12) 6,912,211 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)) . 20 51,068 Other changes in net assets or fund balances (attach explanation) Stmt 3 Net

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

For Paperwork Reduction Act Notice, see the separate instructions.



9,085,051

Form 990 (2003)

21

Cat No 11282Y

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions)

	·					
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<u></u>	Grants and allocations (attach schedule)		_			
	(cash \$ noncash \$)	22	0			
23	Specific assistance to individuals (schedule)	23	0			
24	Benefits paid to or for members (schedule)	24	0			
25	Compensation of officers, directors, etc	25	313,960	269,767	8,483	35,710
26	Other salaries and wages	26	2,938,288	2,318,395	409,611	210,282 6.648
27	Pension plan contributions	27	87,819 317,802	69,886	11,285 40,838	24,057
28	Other employee benefits	28	223,636	252,907 177,970	28,737	16,929
29	Payroll taxes	29	223,030	177,570	20,737	10,929
30	Professional fundraising fees	30 31	0			
31	Accounting fees	32	0			
32 33	Legal fees	33	269,026	187,507	28,112	53,407
34	Supplies	34	0		· · · · · · · · · · · · · · · · · · ·	•
35	Postage and shipping	35	415,675	260,724	5,922	149,029
36	Occupancy	36	258,377	187,758	62,219	8,400
37	Equipment rental and maintenance	37	105,485	80,909	20,371	4,205
38	Printing and publications	38	298,941	201,845	0	97,096
39	Travel	39	283,594	197,225	55,598	30,771
40	Conferences, conventions, and meetings	40	0			
41	Interest	41	12,107		12,107	
42	Depreciation, depletion, etc. (schedule) Stmt 4	42	160,276	133,727	17,699	8,850
43	Other expenses not covered above (itemize). a	43a	1,209,470	816,971	210,130	182,369
b	See Statement 5	43b				
C	•••••	43c	- · <u>-</u> · · ·			
d	•••••	43d				
e	Total Emplional amounts (add lines 22 through 42). Our minution	43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13—15.	44	6,894,456	5,155,591	911,112	827,753
If "Ye (iii) the Par Wha All or of ch	any joint costs from a combined educational campaign es," enter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ It III Statement of Program Service Account is the organization's primary exempt purpose? If you will be proposed in the program of the purpose accounts served, publications issued, etc. Discuss achorizations and 4947(a)(1) nonexempt charitable trusts	ompli Prochieven	; (ii) th , and (iv) th shments (See p oclaiming the acc ments in a clear an	e amount allocated e amount allocated page 24 of the incuracy and author d concise manner neasurable. (Sectio	to Program services to Fundraising \$ instructions.) rity of the Bible f State the number in 501(c)(3) and (4)	Program Service Expenses (Recurred for 501(c)(3) and
	See Statement 6				·····	otners)
•			•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
_	(0	rants	and allocations	\$)	
b.						
		• • • • • • •				
	ir.	ronto	and allocations			
-	(6	סווום וכ	and allocations	3	· · · · · · · · · · · · · · · · · · ·	
C.		• • • • • • • • • • • • • • • • • • • •				
•				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
•	(0	rants	and allocations	\$	·····)	
d .						
-			and allocations	\$		
			and allocations	3		E 456 E04
1 1	Total of Program Service Expenses (should equ	ıaı lıne	: 44, column (B), F	rogram services)		5,155,591

Part IV Balance Sheets (See page 24 of the instructions.)

•	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			826,549	45	752,517
	46	Savings and temporary cash investments .			1,556,606	46	561,465
	1	Accounts receivable Less: allowance for doubtful accounts	47a 47b	82,446 5,000	100,836	47c	77,446
		Pledges receivable	48a 48b		0	48c	0
	49	Grants receivable				49	
	50	Receivables from officers, directors, truste (attach schedule)	es, ar	d key employees		50	
Assets		Other notes and loans receivable (attach schedule)	51a		76,594		0
SSI	b	Less: allowance for doubtful accounts	51b			51c	4 0 4 4 0 0 0
⋖	52	Inventories for sale or use			963,372	52	1,041,930
	53	Prepaid expenses and deferred charges .			18,558	53	101,327
	54	Investments—securities (schedule) Stmt 7.)	► ☐ Cost 🗹 FMV	0	54	9,074
	İ	Investments—land, buildings, and equipment: basis	55a	0			
	b	Less. accumulated depreciation (attach	55b	0	0	55c	0
	56	schedule)	000			56	
	ı	Land, buildings, and equipment: basis	 57a	9,104,581			
	•	Less. accumulated depreciation (attach	1000				
	-	schedule). Stmt .8	57b	870,254	4,745,084	57c	8,234,327
	58	Other assets (describe ►)		58	
	50	Total access (add lines 45 through 50) (must	· ogual	Juno 74)	8,287,599	59	10,778,086
_	59	Total assets (add lines 45 through 58) (must			647,475	60	1,006,050
	60	Accounts payable and accrued expenses .				61	1,000,000
	61 62	Grants payable			470,436	62	550,106
S	63	Loans from officers, directors, trustees, and					
Liabilities	03	schedule)				63	
jabi	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach		ıle) Stmt 9	257,477	64b	136,879
	65	Other liabilities (describe ▶)		65	
	66	Total liabilities (add lines 60 through 65) .			1,375,388	66	1,693,035
	Orga	nizations that follow SFAS 117, check here	▶ 🗹 a	and complete lines			
Ş		67 through 69 and lines 73 and 74.			5,180,138		8,324,954
ဋ	67	Unrestricted			1,732,073	67	760,097
ala	68	Temporarily restricted			1,752,070	68 69	700,007
8	69	Permanently restricted					
Net Assets or Fund Balances		inizations that do not follow SFAS 117, check complete lines 70 through 74.					
ō	70	Capital stock, trust principal, or current fund				70	
ěţ	71	Paid-in or capital surplus, or land, building, a				72	
Ass	72	Retained earnings, endowment, accumulate					
Net /	73	Total net assets or fund balances (add line 70 through 72;			6,912,211	73	9,085,051
	74	column (A) must equal line 19; column (B) n Total liabilities and net assets / fund balance			8,287,599	74	10,778,086
	_ / 4	Form Havilities and Het assets / Italia Dalant	rus (al	a mics of and 73)		_ , 4	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Pai	t IV-A	Financia	liation of Revenu I Statements wit See page 26 of th	h Revenue	per	Part	F	Reconcili inancial Return	ation o Staten	of Expense nents with	s pe Exp	r Audited enses per
а	Total reve	enue, gains,	and other support	a 9,	///////// 067,296	а	Total exp				a	6,894,456
b		ıncluded oı	statements > n line a but not on			b	audited fir Amounts i on line 17,	included	on line	a but not		
(1)	Net unrea	ilized gains ments , ,	\$			(1)	Donated and use of	services	\$			
(2)	Donated	services of facilities				(2)	Prior year ac	djustments	<u>*</u>			
(3)	Recoverie	es of prior	¢			1-1	reported on Form 990 .		\$	- ·		
(4)	year gran Other (sp		•			(3)	Losses rep line 20, For	rm 990 .	\$			
			\$		51,068	(4)	Other (spe	•				
	Add amou	unts on lines	s (1) through (4) ►	b			Add amour	nts on line	\$ s (1) th	rough (4) ▶	b	0
c d	Amounts	inus line b. included o) but not oi	n line 12,	c 9,	016,228	c d	Line a min Amounts in Form 990	nus line b ncluded d	 on line	► 17,	c	6,894,456
(1)	Investment	t expenses led on line				(1)	Investment not include	expenses				
(2)	Other (sp	<u> </u>	\$			(2)	6b, Form 99 Other (spe	ecify)	<u>\$</u>			
			\$						\$			
е			es (1) and (2) ne 12, Form 990	d		e	Add amou Total expe				d	U
Par	(line c plu	us line d) .	ers, Directors, 1		016,228 nd Key	Emple	(line c plus	s line d)		▶	ensa	6,894,456 ted; see page 26
		the instructi	ons.)					(C) Comp	ensation	(D) Contributio	ns to	(E) Expense
Soo	Statemen		e and address		week	levoted	ige hours per to position	(If not par		employee benefit deferred comper	plans &	account and other allowances
	Jaconen			•••••								
		•••••										
•••••												
				•••••			•					
									,			
							 					
				•	<u> </u>			Ļ		200 :		
19	organizatio	on and all rel	or, trustee, or key en lated organizations, d edule—see page 2	of which mor	e than \$10),000 w	as provided	by the rela	ari \$100 ited orga	,000 from yo anizations?	oui ▶	☐ Yes 🗹 No

N/A

Pai	Other Information (See page 27 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a description of each activity .	76		~
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		~
	If "Yes," attach a conformed copy of the changes.			
78a		78a		~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," statement	79		~
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			<i>//////.</i>
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		V
þ	If "Yes," enter the name of the organization ▶			
	and check whether it is exempt OR nonexempt.			
81a	Enter direct or indirect political expenditures. See line 81 instructions			
	Did the organization file Form 1120-POL for this year?	81b		
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		,,,,,,,
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part II or as an expense in Part III (See instructions in Part III) 51,068			
	as revenue in Part i or as an expense in Part ii. (See instructions in Part iii.)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b 84a	~	
	Did the organization solicit any contributions or gifts that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
-	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year?	85h		
86	501(c)(7) orgs. Enter. a Initiation fees and capital contributions included on line 12			
	Gross receipts, included on line 12, for public use of club facilities			
87				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
00	and the state of t			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88		•
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ o , section 4912 ▶ o ; section 4955 ▶ o			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			0
	sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
	List the states with which a copy of this return is filed None Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		0	
91	Number of employees employed in the pay period that includes March 12, 2003 (See instructions) The books are in care of ▶ James A. Hatton Telephone no. ▶ () 8			2
J 1	Located at 7080 Industrial Rd, Florence, KY ZIP + 4 41042	r.T 1. 📆		·- -
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here		>	• 📋
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part	VII Analysis of Income-Producing	Activities (See	page 31 of th	ne instructions.)		
Note	: Enter gross amounts unless otherwise	Unrelated	business incom	e Excluded by sect	ion 512, 513, or 514	(E)
ındıcı	•	(A)	(B)	(C)	(D)	Related or exempt function
93	Program service revenue	Business code	Amount	Exclusion code	Amount	income
	Event Registrations					205,686
b	Royalties and Other Revenue					30,388
С						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agenci	es				
94	Membership dues and assessments					
95	Interest on savings and temporary cash investmen	nts		14	13,436	<u> </u>
96	Dividends and interest from securities , ,					
97	Net rental income or (loss) from real estate:					
а	debt-financed property					
b	not debt-financed property		_			
98	Net rental income or (loss) from personal proper	ty				
99	Other investment income	.			······	44.000
	Gain or (loss) from sales of assets other than inventor	7 1				-14,389
	Net income or (loss) from special events .		-			4 40 4 0 4 0
102	Gross profit or (loss) from sales of inventory	<u> </u>	<u> </u>	- 04	400 707	1,494,318
103	Other revenue: a Miscellaneous Revenue	-	<u> </u>	01	122,737	
b						
С						
d		_				
е				0 /////////////////////////////////////	136,173	1,716,003
	Subtotal (add columns (B), (D), and (E)) .				100,110	
	Total (add line 104, columns (B), (D), and (E Line 105 plus line 1d, Part I, should equal ti				· -	1,852,176
Part				irnoses (See na	ge 32 of the ins	structions)
Line						
Line	of the organization's exempt purposes (o	ther than by provid	ing funds for su	ich purposes)	iportantly to the a	ccomplianment
	See Statement 11					
	-					
			· · · · · · · · · · · · · · · · · · ·			
Part	Information Regarding Taxable Sul	sidiaries and Di	sregarded En	tities (See page	32 of the instru	ctions.)
	743	(B) Percentage of		(C)	(D)	(E) End-of-year
	partnership, or disregarded entity	ownership interest	Nature o	of activities	Total income	assets
		%				
		%				
		%				
		%			•	
Part	X Information Regarding Transfers Ass	ociated with Pers	sonal Benefit (Contracts (See page	age 33 of the ins	tructions.)
(a)	Did the organization, during the year, receive any funds,	directly or indirectly,	to pay premiums	on a personal benefit	contract?	☐ Yes 🗹 No
(b)	Did the organization, during the year, pay pi	remiums, directly	or indirectly, o	n a personal ber	efit contract?	☐ Yes 🗹 No
	e: If "Yes" to (b), file Form 8870 and Form			•		
	Under genalties of periury. I declare that I have exa	mined this return, inclu	ding accompanyir	ng schedules and stat	ements, and to the b	est of my knowledge
D!	and belief, it is true, correct, and complete Declar	ation of proparer (other	r than officer) is b	ased on all information	on of which preparer	nas any knowledge
Pleas	e Dines U. &	Jaun-		7	/30/2004	
Sian				D	ate	
			Date	Check if	Preparer's SSN or	PTIN (See Gen Inst W)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

(See page 1 of the instructions. List each one. If there are none, enter "None.")

2003

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

Name of the organization
ANSWERS IN GENESIS OF KENTUCKY, INC.

Employer identification number 33 | 0596423

(See page 1 of the instructions.)	List each one. If there ar	e none, enter i	vone.)	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Kevin Markesbery Petersburg, Ky 41080	Construction MANAGER 40	87,000	8,778	1,375
John Pence Florence, Ky 41042	Dir. Planned Giving / Legal Counsel 40	87,539	7,728	
KAthy Ellis Florence, Ky 41042	Dir. Admin 40	68,519	7,078	
Mark Looy Florence, Ky 41042	VP-Ministry Relations 40	68,417	8,460	2,232
James Hatton Independence Ky 41051	Controller 40	70,673	8,609	
Total number of other employees paid over \$50,000	3			
Part II Compensation of the Five High (See page 2 of the instructions. List				
(a) Name and address of each independent contracto	r paid more than \$50,000	(b) Type	of service	(c) Compensation
Applied Mechanical Systems, Inc. P.O. Box 26220, Dayton, OH 45426-0220, US		Plumbing and h	IVAC	829,979
Garber Bros. Precision Concrete, Inc. 7805 Arcanum-Bears Mill Rd., Greenville, OH	45331, US	Concrete		310,252
Building Systems Erectors 3140 Crescent Ave., Erlanger, KY 41018, US		Steel Erection		279,428
Sturm Electric, Inc.		Building Electri	С	

5353 Hamilton-Middletown Pike, Hamilton, OH 45011, US

6830 Power Line Dr., Florence, KY 41042, US

Total number of others receiving over \$50,000 for

Lithko Contracting

professional services.

19

Concrete Foundations

249,450

195,872

Sche	dule /	A (Form 990 or 990-EZ) 2003		P	age 2	
Pa	rt II	Statements About Activities (See page 2 of the instructions.)		Yes	No	
1	atte or	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities \$	1		V	
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other janizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.				
2	sub wit	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions)				
а	Sal	e, exchange, or leasing of property?	2a		~	
b	Ler	nding of money or other extension of credit?	2b	ļ	<u>/</u>	
C		nishing of goods, services, or facilities?	2c	\ <u>\</u>		
d e		ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d 2e		~	
3a	Ba Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how					
h		determine that recipients qualify to receive payments)	3a 3b	1		
4	Did	you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4		·	
Pa				<u> </u>		
		inization is not a private foundation because it is: (Please check only ONE applicable box)				
5	_	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).				
6 7	Η	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)				
8	Ħ	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).				
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital state	pital's	name	, city,	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Sect (Also complete the Support Schedule in Part IV-A)	ion 17	0(b)(1)	(A)(ıv).	
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)	he ger	neral p	ublic	
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)				
12		An organization that normally receives: (1) more than 331/16% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no mouts support from gross investment income and unrelated business taxable income (less section 511 tax) from but by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part 1995)	re tha	ın 337	% of	
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supp described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3).)				
		Provide the following information about the supported organizations. (See page 5 of the instructions)			
		(a) Name(s) of supported organization(s) (b) Line from	numb n abov			

	t IV-A Support Schedule (Complete only You may use the worksheet in the instructions						_
_	ndar year (or fiscal year beginning in) .	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total	=
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	6,066,719	5,189,344	3,718,196	· · · · · · · · · · · · · · · · · · ·		-
16	Membership fees received					0	-
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,169,076	3,405,691	3,396,354	1,318,144		-
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	31,066	55,061	73,763	40,601	200,491	-
19	Net income from unrelated business activities not included in line 18					0	_
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0	_
22	Other income. Attach a schedule Do not	425.000	240.072	00.400	E2 400	E47.750	Stmt 12
	Include gain or (loss) from sale of capital assets	135,089 9,401,950	240,073 8,890,169	90,409 7,278,722	52,188 4,001,252		
23 24	Total of lines 15 through 22	6,232,874	5,484,478	3,882,368		<u> </u>	_
25	Enter 1% of line 23	94,020	88,902	72,787	40,013		3
26	Organizations described on lines 10 or 11:		· · · · · · · · · · · · · · · · · · ·	, ,	▶ 26a		4
	Prepare a list for your records to show the na governmental unit or publicly supported organiamount shown in line 26a. Do not file this list w Total support for section 509(a)(1) test: Enter I	me of and amoun zation) whose tota vith your return. E	t contributed by al gifts for 1998 th nter the total of al	each person (oth nrough 2001 exce Il these excess arr	er than a seded the nounts > 26b	<u> </u>	-
d	Add: Amounts from column (e) for lines: 18						
	22 Public support (line 26c minus line 26d total)		26b		▶ <u>26e</u>		- -
	Public support percentage (line 26e (numer				▶ 26f		-
27	Organizations described on line 12: a Fe person," prepare a list for your records to show Do not file this list with your return. Enter the (2002)	the name of, and le sum of such an	total amounts red nounts for each y . (2000)	ceived in each yea	ar from, each "dis . (1999)	squalified person.'	-
b	For any amount included in line 17 that was rece show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2002)	year, that was mo 5 through 11, as w the larger amount	re than the larger vell as individuals) t described in (1)	of (1) the amount Do not file this list or (2), enter the s	on line 25 for the st with your retu um of these diffe	e year or (2) \$5,000 rn. After computing rences (the excess	
					. ,		
С	Add: Amounts from column (e) for lines: 15						-
d	Add: Line 27a total	and line 27b tota	l		▶ 27d	1	-
е	Public support (line 27c total minus line 27d to	otal)			≥ 27e		
f	Total support for section sos(a)(2) test. Enter t	iniodnic nom mic i	Lo, column (c).			98 %	
g h	Public support percentage (line 27e (numeranvestment income percentage (line 18, colo						-

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)	
32	Does the organization maintain the following	
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a 32b
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c
ŭ	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)	
33	Does the organization discriminate by race in any way with respect to:	
а	Students' rights or privileges?	33a
b	Admissions policies?	33b
C	Employment of faculty or administrative staff?	33c
d	Scholarships or other financial assistance?	33d
е	Educational policies?	33e
f	Use of facilities?	33f
g	Athletic programs?	33g
h	Other extracurricular activities?	33h
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	
342	Does the organization receive any financial aid or assistance from a governmental agency?	34a
34a	Has the organization's right to such aid ever been revoked or suspended?	34b
D	If you answered "Yes" to either 34a or b, please explain using an attached statement	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35

Ра	(To be completed ONLY by an				instructions.)	
Che	ck ▶ a ☐ if the organization belongs to an affilia	ited group Che	eck. ⊳ b 🗌 ıf	you checked "a" a	nd "limited control"	provisions apply
	Limits on Lobbyii (The term "expenditures" mea	- '			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public	opinion (grassro	ots Johnving)	36		
37	Total lobbying expenditures to influence a legis			37		
38	Total lobbying expenditures (add lines 36 and 3	•		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add lines					
41	Lobbying nontaxable amount Enter the amount			· · · · <i>//////</i>		
	, ,	bbying nontaxab	•			
	Not over \$500,000			1		
	Over \$500,000 but not over \$1,000,000 \$100,00					
	Over \$1,000,000 but not over \$1,500,000 .\$175,00	•				
	Over \$1,500,000 but not over \$17,000,000 . \$225,00	•		1 //////		
	Over \$17,000,000	000		<i>} </i>		
42	Grassroots nontaxable amount (enter 25% of li	ne 41)				
43	Subtract line 42 from line 36 Enter -0- if line 4	2 is more than lir	пе 36			
44	Subtract line 41 from line 38 Enter -0- if line 4	1 is more than lir	ne 38	44		
	Caution: If there is an amount on either line 43	3 or line 44, you r	must file Form 4	720.		
		eraging Period				
	(Some organizations that made a section				e five columns be	alow
	See the instructions for					
		Lob	bying Expendit	ures During 4-Ye	ar Averaging Pe	eriod
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) ▶	2003	2002	2001	2000	Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e)).					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					
Pa	rt VI-B Lobbying Activity by Nonelec (For reporting only by organiza			Part VI-A) (See	page 11 of the	e instructions.)
	ng the year, did the organization attempt to influ				any Yes No	Amount
atte	mpt to influence public opinion on a legislative m	natter or referend	um, through the	use of:	 	
а	Volunteers					
b	Paid staff or management (Include compensation	on in expenses re	eported on lines	c through h.) .		
С	Media advertisements					
d	Mailings to members, legislators, or the public					
е	Publications, or published or broadcast statem					
f	Grants to other organizations for lobbying purp	oses				
g						
	Direct contact with legislators, their staffs, gove		or a legislative t	-		
h	Direct contact with legislators, their staffs, governments, demonstrations, seminars, conventions Total lobbying expenditures (Add lines c through	, speeches, lectu	or a legislative t	r means	· · · ////////////////////////////////	0

Pa	rt VI			ansfers To and Transaction e page 12 of the instruction	ns and Relationships With Nonch	aritable	е
51		the reporting orga	nization directly or	indirectly engage in any of the	following with any other organization de- on 527, relating to political organizations?		n section
а				to a noncharitable exempt orga	- · · · · · · · · · · · · · · · · · · ·		'es No
ŭ		•	0 0			51a(i)	V
		Other assets				a(ii)	V
ь	• •	er transactions:					
_			es of assets with a	noncharitable exempt organiza	tion L	b(i)	V
		•		itable exempt organization		b(ii)	· /
				ner assets		b(iii)	~
					1	b(iv)	<u> </u>
	(v)	Loans or loan gua	arantees			b(v)	
	(vi)	Performance of se	ervices or members	ship or fundraising solicitations	· · · · · · · · · · · ·	b(vi)	
С					oyees	С	
d	Q00	ds, other assets, or	services given by th	e reporting organization. If the or	Column (b) should always show the fair mar ganization received less than fair market val ds, other assets, or services received:	rket value ue in any	e of the
(a)	(b)		(c)	(d)		
Line	no	Amount involved	Name of nonc	charitable exempt organization	Description of transfers, transactions, and sha	iring arrang	gements
	_						
					 		
		_					
						_	
	des	cribed in section 50 (es," complete the	01(c) of the Code (other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527? ▶ □	☐ Yes	☑ No
		(a) Name of organiz	ation	(b) Type of organization	(c) Description of relationship		
_		·					
			-				
							
				❸	Schedule A (Form	990 or 99	0-EZ) 2003

Statement 1 ANSWERS IN GENESIS OF KENTUCKY, INC. 33-0596423

Form 990 Page⁻ 1 Part: I Question: 8

Sales of Assets Other than Inventory

Noninventory Asset

Description: Computer

Sales Price: \$65.00 01/31/2003 Date Sold:

Sold To: **Kevin Bridgers**

Expense of Sale: \$0 00

Cost or value when acquired: \$4,354.00 11/22/1997 Date acquired: How acquired: **Purchase**

Depreciation since acquistion: \$4,354.00

Net Sale: \$65.00

Noninventory Asset

Description: Computer

Sales Price: \$60 00 **Date Sold:** 01/17/2003 John Pence Sold To: \$0.00 Expense of Sale:

Cost or value when acquired: \$4,294.00

Date acquired: 01/06/1998 How acquired: Purchase \$4,294.00

Depreciation since acquistion:

Net Sale: \$60.00

Noninventory Asset

Description: Computer & Monitor

Sales Price: \$105 00 07/08/2003 Date Sold: Sold To: Frost Smith Expense of Sale: \$0.00

\$3,704 00 Cost or value when acquired:

04/15/1998 Date acquired: How acquired: Purchase

\$3,704 00 Depreciation since acquistion:

Net Sale: \$105.00

Noninventory Asset

Description: Mac 8600

\$75.00 Sales Price: Date Sold: 03/25/2003 Sold To: Arleen Florence

Expense of Sale: \$0.00

Cost or value when acquired: \$3,180.00 Date acquired: How acquired:

08/21/1998 Purchase

Depreciation since acquistion:

\$3,180 00

Net Sale:

\$75.00

Noninventory Asset

Description:

Dell 7500 Laptop

Sales Price: Date Sold: Sold To:

11/18/2003 Tony Ramsek

\$250.00

Expense of Sale:

\$0.00

Cost or value when acquired:

Date acquired: How acquired:

\$3,028.00 03/16/1999 Purchase

Depreciation since acquistion:

\$3,028 00

Net Sale:

\$250.00

Noninventory Asset

Description:

Netframe 3100 #138

Sales Price: Date Sold: Sold To: \$175 00 12/15/2003 Walt Stumper

Expense of Sale:

\$0.00

Cost or value when acquired:

Date acquired: How acquired: \$11,133.00 01/15/1999 Purchase

Depreciation since acquistion:

\$11,133 00

Net Sale:

\$175.00

Noninventory Asset

Description:

Risograph 3750 #196

Sales Price: Date Sold: \$700.00 08/05/2003

Sold To:

Grace Baptist Church

Expense of Sale:

\$0.00

Cost or value when acquired:

Date acquired: How acquired: \$5,100.00 01/28/1999 Purchase

Depreciation since acquistion:

\$4,675 00

Net Sale:

\$275.00

Noninventory Asset

Description:

Risograph #203

Sales Price: Date Sold: \$800.00 08/21/2003

Sold To:

Grace Baptist Church

Expense of Sale:

\$0.00

Cost or value when acquired:

Date acquired: How acquired:

\$11,499.00 11/27/1996

Purchase

Depreciation since acquistion:

\$11,499.00

Net Sale:

\$800.00

Noninventory Asset

Description:

Compaq Evo N1000V Laptop Computer

Sales Price: Date Sold:

Sold To: Expense of Sale: \$0.00 10/08/2003 Bill Wise \$0.00

\$1,421.00 Cost or value when acquired: 02/01/2003 Date acquired: Purchase How acquired: \$316 00

Depreciation since acquistion:

Net Sale:

-\$1,105.00

Noninventory Asset

Description:

2002 Toyota Camry

Sales Price: Date Sold:

\$7.00 10/08/2003 Bill Wise

Sold To: **Expense of Sale:**

\$0.00

Cost or value when acquired:

\$25,160.00 10/12/2001

Date acquired: How acquired:

Purchase

Depreciation since acquistion:

\$10,064.00

Net Sale:

-\$15,089.00

ANSWERS IN GENESIS OF KENTUCKY, INC.

33-0596423

Form: 990 Page. 1 Part: I Question: 10

Sales of Inventory

Description	Gross Sales	cogs	Gross Profit
COST OF GOODS SOLD	\$3,372,016.00	\$1,877,698 00	\$1,494,318 00
Total:	\$3,372,016.00	\$1,877,698.00	\$1,494,318.00

Form: 990 Page: 1

Part: I Question: 20

ANSWERS IN GENESIS OF KENTUCKY, INC.

33-0596423

Other changes in Net Assets or Fund Balances

Explanation	Amount
DONATED SERVICES, MATERIALS, ETC.	\$51,068 00
Total:	\$51,068.00

Form: 990 Page 2 Part[.] II

Question: 42

ANSWERS IN GENESIS OF KENTUCKY, INC. 33-0596423

Depreciation and Depletion

Asset	Cost or Basis	Acc. Depr. (Start)	Current Deprec.	Acc. Depr. (End)
AiG Assets	\$9,104,581.90	\$750,692.00	\$160,276 00	\$910,968 00
Total			\$160,276.00)

ANSWERS IN GENESIS OF KENTUCKY, INC.

33-0596423

Form: 990 Page. 2 Part II Question 43

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
FEES	\$421,503.00	\$273,888.00	\$86,202 00	\$61,413 00
SEMINAR	\$132,412.00	\$132,412.00	\$0.00	\$0.00
COMMUNICATIONS	\$152,821.00	\$120,701.00	\$24,938.00	\$7,182.00
GIFTS/DONATIONS	\$58,082.00	\$31,346.00	\$11,286.00	\$15,450.00
RADIO	\$85,235.00	\$85,235.00	\$0.00	\$0.00
INSURANCE	\$52,284.00	\$0 00	\$52,284.00	\$0.00
BAD DEBTS	\$1,881.00	\$0 00	\$1,881 00	\$0 00
DOWN UNDER TOUR	\$132,560.00	\$132,560.00	\$0 00	\$0 00
MISCELLANEOUS EXPENSE	\$172,692 00	\$40,829 00	\$33,539.00	\$98,324.00
Total:	\$1,209,470.00	\$816,971.00	\$210,130.00	\$182,369.00

Form 990

Page. 2

Part. III

Question:

ANSWERS IN GENESIS OF KENTUCKY, INC. 33-0596423

Program Services

Achievement	Pgm. Svc. Exp
Creation Museum - Currently in the process of constructing a Ceation Museum in the Greater Cincinnati/Northern Kentucky area Many displays and exhibits are also in process Grants and Allocations: \$0.00	\$925,638.00
Resource Distribution - Books, Videos, CDs, DVDs and other materials specific to the ministry's purpose are made available through a bookstore in the Greater Cincinnati area and the Internet. Over 37,000 orders shipped to customers in 2003.	\$990,867 00
Grants and Allocations: \$0.00	
Resource Distribution (Magazines) - The ministry distributes Creation Magazine four times annually and distributes its Technical Journal three time annually. Over 118,000 issues were distributed during 2003. Grants and Allocations: \$0.00	\$84,762.00
Ministry Outreach (Seminars) - Seminars and other speaking engagements are designed to educate the public/church about scientific, moral and social issues regarding a literal interpretation of the Bible. Grants and Allocations: \$0 00	\$2,355,377 00
Ministry Outreach (Monthly Newsletter) - Monthly issues of a newsletter containing up-to-date information regarding ministry activities were distributed to an average of over 75,000 homes. Grants and Allocations: \$0 00	\$318,729.00
Ministry Outreach (Radio) - A 90-second radio program, including a wide range of topics related to a literal interpretation of the Bible was broadcast daily over 600 stations with an estimated number of listeners of 2 million	\$155,019.00
Grants and Allocations: \$0.00	
Ministry Outreach (Internet) - The organization's website is used to provide Creation resources to the general public. In 2003 over 8.8 million visits were made to the website	\$231,230 00
Grants and Allocations: \$0 00	
Ministry Outreach (Missions) - The organization supported mission-related activities on the home and foreign fields by providing funds, resource materials and speakers, in English and several other languages. Grants and Allocations: \$0.00	\$93,969.00

Total:

\$5,155,591.00

Statement 7 Form: 990 ANSWERS IN GENESIS OF KENTUCKY, INC.

33-0596423

Page⁻ 3 Part. IV Question: 54

Investments - Securities

Security	Valuation Type	Amount
426 Shares - Thomson	FMV	\$9,074.00
Total:		\$9,074.00

Form 990 Page 3

Part: IV Question: 57 ANSWERS IN GENESIS OF KENTUCKY, INC. 33-0596423

Schedule of Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Land	\$576,457.00	\$0.00	\$576,457.00
Buildings	\$7,083,907.00	\$17,939.00	\$7,065,968 00
Office Furniture	\$63,571 00	\$52,892 00	\$10,679.00
Office Equipment	\$824,125.00	\$587,810 00	\$236,315.00
Warehouse Equipment	\$82,590 00	\$45,444.00	\$37,146.00
Seminar Equipment	\$76,511.00	\$51,479 00	\$25,032 00
Museum Equipment	\$5,603.00	\$4,669.00	\$934.00
Vehicles	\$201,129.00	\$95,272.00	\$105,857.00
Museum Exhibits	\$190,688.00	\$14,749 00	\$175,939.00
Total:	\$9,104,581.00	\$870,254.00	\$8,234,327.00

Statement 9 Form 990

Page. 3 Part: IV Question: 64b

ANSWERS IN GENESIS OF KENTUCKY, INC.

33-0596423

Mortgages and Other Notes Payable

Type:

Lender's Name:

Original Amount:

Balance Due:

Date of Note:

Maturity Date: Repayment Terms:

Interest Rate:

Security Provided by Borrower: Purpose of Loan:

Description of Consideration: FMV of Consideration:

Relationship:

Non-Mortgage

Chrysler Financial

\$33,494 00 \$25,117.00

09/12/2002 09/12/2007

Monthly 0 01 Vehicle

Company Vehicle

2002 Dodge Durango \$0.00

President/CEO

Type:

Lender's Name: **Original Amount:**

Balance Due:

Date of Note: **Maturity Date: Repayment Terms:**

Interest Rate: **Security Provided by Borrower:**

Purpose of Loan:

Description of Consideration:

FMV of Consideration:

Relationship:

Non-Mortgage Fred Riedinger

\$500,000.00

\$96,609.00 05/04/2000

07/01/2004 \$100,000 annually

0 01 n/a

Land Contract - Museum Property **Future Home of Creation Museum**

\$0.00

None

Type:

Lender's Name:

Original Amount: Balance Due:

Date of Note: **Maturity Date: Repayment Terms:** Interest Rate:

Security Provided by Borrower: Purpose of Loan:

Description of Consideration:

FMV of Consideration: Relationship:

Non-Mortgage **US Bank**

\$21,059.00

\$15,153 00 07/03/2002 07/03/2007

Monthly 6.83

Vehicle Company Vehicle

2000 Dodge Ram \$0.00

VP Museum Operations

Total Due:

\$136,879.00

Form: 990 Page. 4 Part. V Question:

ANSWERS IN GENESIS OF KENTUCKY, INC. 33-0596423

Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Carl Wieland P.O. Box 6665 U Mt Gravatt, , QLD 4133 Australia	Board Member	0	\$0.00	\$0.00	\$0.00
Ken Ham 3054 Caribou Drive Petersburg, KY 41080 United States	President	40	\$125,739 00	\$11,033.00	\$44,478 00
Bill Wise 6709 Edgewood Drive Florence, KY 41005 United States	Chief Financial Offi	40	\$121,418 00	\$8,845.00	\$2,535.00
Mike Zovath 11030 Harrison Way Walton, KY 41094 United States	Vice President	40	\$74,798.00	\$8,707.00	\$2,267 00
Brandon Valloranı 1141 Abbington Dr Union, KY 41091 United States	Executive VP/COO	40	\$74,432 00	\$8,313.00	\$1,368.00
Don Landis 3475 N. Chaney Ln. Wilson, WY 83014 United States	Chairman	0	\$0.00	\$0.00	\$0.00
Dan Chin 5N309 Sanctuary Ln Saint Charles, IL 60175 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Mark Jackson 2426 Charleston Dr. Schaumburg, IL 60193 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Carl Kerby 407 Roslyn Rd East Dundee, IL 60118 United States	Board Member	20	\$6,538.00	\$1,650 00	\$22,462.00
Dan Manthei 5415 Manthei Rd. Petoskey, MI 49770 United States	Board Member	0	\$0 00	\$0.00	\$0.00
Peter Strong 8707 Golden Gardens Dr NW Seattle, WA 98117 United States	Board Member	0	\$0.00	\$0 00	\$0 00
Greg Peacock 8 Ken Duncombe Drive Cashmere, , QLD 4133	Board Member	0	\$0.00	\$0.00	\$0 00

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Australia					
Paul Salmon 230Loganview Rd, Nth Logan Res , , QLD 4133 Australia	Board Member	0	\$0 00	\$0 00	\$0 00

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Form: 990 Page: 6 Part: VIII

Question:

ANSWERS IN GENESIS OF KENTUCKY, INC.

33-0596423

Relationship of Activities

Line No	e No Relationship of Activities to the Accomplishment of Exempt Purposes			
93 a	REVENUE GENERATED FROM SEMINAR/CONFERENCE REGISTRATIONS			
93 b	ROYALTIES AND SPECIAL PROMOTION REVENUE			
102	GROSS PROFIT ON SALES			

Statement 12
Form Schedule A

Page 3 Part IV-A Question: 22 ANSWERS IN GENESIS OF KENTUCKY, INC.

33-0596423

Other Income

Description	2002	2001	2000	1999
Miscellaneous Revenue	\$135,089.00	\$240,073 00	\$90,409.00	\$52,188.00
Total:	\$135,089.00	\$240,073.00	\$90,409.00	\$52,188.00



Form 8868

(December 2000)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

Internal Revenue Servi	ce	e a separate application for outli return		<u></u>
If you are filing	for an Automatic 3-Month Ext	ension, complete only Part I and ch	eck this box	▶ 🗹
 If you are filing 	for an Additional (not automat	ic) 3-Month Extension, complete or	ily Part II (on page 2	of this form)
	nplete Part II unless you have all	ready been granted an automatic 3-л	onth extension on a	previously filed
Form 8868.	omotio 2 Month Extension	A Time Only submit original (no	anning mandad\	
		of Time—Only submit original (no matic 6-month extension—check this bo		only ▶ □
	· · · · · · · · · · · · · · · · · · ·	s) must use Form 7004 to request an	· ·	•
returns. Partners	hips, REMICs and trusts must us	e Form 8736 to request an extension		
.,,,,,	me of Exempt Organization HNSWERS IN GEN	esis of Kentucky	MC. 33	identification number 0596423
· ——	mber, street, and room or suite no. If		11146. 33	03/07/05
	7080 Industria			
	y, town or post office, state, and ZIP Florence, Ky.	code. For a foreign address, see instructi	ons	
Check type of re	eturn to be filed (file a separate	application for each return):		
Form 990		90-T (corporation)	Form 4	720
Form 990-BL		90-T (sec. 401(a) or 408(a) trust)	☐ Form 5	
☐ Form 990-EZ ☐ Form 990-PF	☐ Form 9!	90-T (trust other than above)	☐ Form 6 ☐ Form 8	
		lace of business in the United States,		▶ □
_	<u> </u>	tion's four digit Group Exemption Num		If this is
		is for part of the group, check this b		h a list with the
	of all members the extension will		- A	et 15 1
1 I request a	automatic 3-month (6-month,	for 990-T corporation) extension of	of time until 7494	51 13 , 2004,
	kempt organization return for the order year 20 .93 or	organization named above. The exter	ision is for the organi	zation's return for:
	ear beginning	20 and ending		20
	oa. bogg	, Lo III, and Grang III.		, 20
2 If this tax ye	ar is for less than 12 months, ch	eck reason: Initial return Fir	nal return 🗌 Change	in accounting period
	cation is for Form 990-BL, 990-fole credits. See instructions	PF, 990-T, 4720, or 6069, enter the t	entative tax, less any	\$
	ation is for Form 990-PF or 990- de any prior year overpayment all	T, enter any refundable credits and es lowed as a credit	• •	\$. \$
c Balance Du with FTD co instructions	e. Subtract line 3b from line 3a. I bupon or, if required, by using	Include your payment with this form, of EFTPS (Electronic Federal Tax Pa	or, if required, depositions by the second system). See	s N/A
		Signature and Verification		
	ury, I declare that I have examined this for complete, and that I am authorized to prep	rm, including accompanying schedules and stati pare this form	ements, and to the best of	my knowledge and belief,
Signature •	mes a. Hatla	- Title > Controlle	.r Date ▶	5/5/04
	duction Act Notice, see Instruction	Cat No 27916D		Form 8868 (12-2000)