990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

OMB No 1545-0047 2009

Open to Public Inspection

	A 1	For the 2009	calendar year, or tax year beginning 08/01/09	and ending 07/31/1	.0		
	ВС	Check if applicab		***		D Emplo	oyer identification number
		Address change	use IRS DBA Creation Solubel or	cience Evangelism			
	[] v	Name change	print or Doing Business As			<u> 26-</u>	0479444
		nıtıal retum	type. Number and street (or P O box if mail is not delivered to street in See See Sec North W Street	address)	Room/suite		none number
	\equiv	Termination	Specific Specific		1		1 479 346
	\equiv		Instruc- City or town, state or country, and ZIP + 4	22505		G Gross rece	expts\$ 1,472,842
	=	Amended return	tions. Pensacola FL	32505		LLI(a) to thus	a aroun solure for
	X /	Application pend	F Name and address of principal officer Eric			affiliat	a group return for es? Yes X No
						H(b) Are all	affiliates , , , , , , , , , , , , , , , , , , ,
							attach a list (see instructions)
	<u> </u>	Tax-exempt s	atus X 501(c) (3) ◀ (insert no) 4947(a)(1	or 527		1	
		Website >	www.drdino.com			H(c) Group	exemption number
	ĸ	Type of organiza	on X Corporation Trust Association Other ▶	L	Year of formation 2	007	M State of legal domicile FL
	P	art I	Summary				
		1 Briefl	describe the organization's mission or most significant act	vities			
	بو	Sr	read the Gospel of Jesus Christ the	Creator-Savior			
	Activities & Governance						
	E						
	ارق	2 Chec	this box 🕨 🔲 if the organization discontinued its operation	ns or disposed of more than 2	25% of its net as:	sets	
	ত ক	3 Numl	er of voting members of the governing body (Part VI, line 1	a)		3	5
	es	4 Numl	er of independent voting members of the governing body (F	art VI, line 1b)		4	5
	Σį	5 Total	umber of employees (Part V, line 2a)			5	21
	Act	,	number of volunteers (estimate if necessary)			6	2
	•	7a Total	ross unrelated business revenue from Part VIII, column (C), line 12		7a	37,902
	\perp	b Net u	related business taxable income from Form 990-T, line 34		5	7b	-1,131
		e Cont	outlong and grants (Part VIII, line 1h)		Prior Ye	4,410	Current Year 700,391
	e e		outions and grants (Part VIII, line 1h) m service revenue (Part VIII, line 2g)		J.	7,710	100,331
	Revenue	_	ment income (Part VIII, column (A), lines 3, 4, and 7d)			1,978	27,961
	æ		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	11e)		8,647	501,521
			evenue – add lines 8 through 11 (must equal Part VIII), col			5,035	1,229,873
			and similar amounts paid (Part IX, column (A), lines 63		•		
			ts paid to or for members (Part IX, column (A), line 4)	O			
	s	l	es, other compensation, employee benefits (Partil)XAcolum	a (A), lines 5 (70)	45	0,170	418,182
	penses	l	sional fundraising fees (Part IX, column (A), line 11e)				
		b Total	undraising expenses (Part IX, column (₽), line 25)→				
	Щ	17 Othe	expenses (Part IX, column (A), lines 11a-11d			4,103	394,883
			expenses Add lines 13–17 (must equal Part IX, column (A)			4,273	813,065
		19 Reve	ue less expenses Subtract line 18 from line 12			0,762	416,808
2011	ts or		. (0 .) (1 .)		Beginning of Cu		End of Year 1,009,272
\rightleftharpoons	sse' Bala	20 Total	issets (Part X, line 16)			6,616 8,842	64,690
ଳେ	Net Assets or Fund Balances	21 Total	abilities (Part X, line 26)			7,774	944,582
MIN.		art II	sets or fund balances Subtract line 21 from line 20 Signature Block		<u> </u>	1,113	344,302
= €	<u> </u>	art #		unaludina agampanuna aghadula	a and statements	and to the he	est of my knowledge
			Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of preparer (o	including accompanying schedule other than officer) is based on all in	is and statements, a straight of the statements	preparer has	s any knowledge
CHRRACE	Sig	ın	x Scie Horinz				16-11
الخيار	He		Signature of officer				
₹.	1161		Eric Hovind				
3			Type or print name and title				
			100				
	Pai	id	Preparer's Muhul Mouton				
		eparer's	TO THE STATE OF TH				
		e Only	Firm's name (or yours				
			f self-employed), address, and ZIP+4 Pensacola, FL 32	5			

May the IRS discuss this return with the preparer shown above? (see instruction For Privacy Act and Paperwork Reduction Act Notice, see the separate ins

Part III Stat	ement of Program	Service Accomplishments		
	the organization's miss ne Gospel of	on Jesus Christ the Cre	eator-Savior	
the prior Form If "Yes," describ Did the organiz services? If "Yes," describ Describe the ex Section 501(c) allocations to o	be these new services of ation cease conducting, be these changes on Screenpt purpose achieven (3) and 501(c)(4) organizathers, the total expenses	or make significant changes in how it continued the distribution of the organization's three lations and section 4947(a)(1) trusts are rest, and revenue, if any, for each program section	ducts, any program argest program services by expenses equired to report the amount of grants and ervice reported	Yes X No
of the liconducts message in website, offers for about the particular seconds.	speaking end speaking end in churches, www.drdino.dor sale books a Bible and ar emphasis	718,279 including grants of \$ nd scientific information of the universe it gagements to present schools, and other from provides free prise and audio and videothe Bible and science on the scientific evise as recounted by the scientific evise e	ation in support In six days. It Its creation Forums. The Int articles and Its recordings Its, with a Its. dence for the	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
, ,	services (Describe in S) (Day	
(Expenses \$	service expenses >	including grants of \$ 718,279) (Revenue \$	
rear program		<u> </u>		

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	ļ	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		├
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			}
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	1		
	complete Schedule D, Part I	6	ļ	<u> </u>
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	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	├	X
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,"			x
	complete Schedule D, Part IV	9	 	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	140		X
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	 	^
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11	x	
	VII, VIII, IX, or X as applicable		1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI 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			
	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			
_	Did the organization report an amount for other assets related 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			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No.			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	╛		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ	X
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 United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			٠,
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	┼	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
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	+	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	- 994	(2009
		FOR	m 331	/ (/ () () 9

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	_23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
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		L
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		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	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		X
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?		1	
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			ŀ
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			ĺ
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	L	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			:
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
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	ļ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		1	
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1		
	organization? If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	}	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	-		ļ
	Part VI	37_	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		ļ	1
	197 Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		For	" 990	(2000

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	1				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a	10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rej	oortabl	е			
	gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by				
	this return?			<u>3a</u>	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial			1	
	account)?			_4a_	 	X
þ	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts				1	x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>	1	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		<u> </u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi	arding		-		
•	Prohibited Tax Shelter Transaction?	_		_5c_	 	
6a		le		6a		x
L	organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contribution.	.nc or		- Oa	 	1
b	gifts were not tax deductible?) IIS UI		6b		ŀ
7	Organizations that may receive deductible contributions under section 170(c).			05_	 	
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	eboor.				
a	and services provided to the payor?	90000		7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	İ	1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				
·	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7 d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al .			
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•		7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	C as				
	required?			7h	<u> </u>	ļ
8	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	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.			ŀ		
а	Did the organization make any taxable distributions under section 4966?			9a	 	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	 	-
10	Section 501(c)(7) organizations. Enter	1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L			
11	Section 501(c)(12) organizations. Enter	۱	ı			
а	Gross income from members or shareholders	11a	ļ			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	 				
	amounts due or received from them)	11b				1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		1	12a	-	1
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L,		.1	

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

Sec	tion A. Governing Body and Management			
		·······	Yes	No
1a	Enter the number of voting members of the governing body 1a 5			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		77	
a	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
9	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	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Kev	venue Code)			
40-	Done the assessment of house level should be about the second of the sec	40	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
Ь	, , , , , , , , , , , , , , , , , , , ,	400		
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			₩.
44.	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40		7
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b		401		
_	rise to conflicts?	12b		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.		ŀ
40	describe in Schedule O how this is done	12c		7
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			.
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X
b		15b		
46-	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	40-		v
L	with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		X
b				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	401		ŀ
500	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an experience to make the Forms 1023 (or 1034 if applicable), 000, and 000 T (504(a)/3)a public			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
^^	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization ▶ Eric Hovind 29 Cummings Road	_ 4 7	0 - 2	160
P	ensacola FL 32503-1627 850	-4/	y -3	40

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization (A)	(B)	nsate	e an		rent C)	οπια	er, c	(D)	(E)	(F)
Name and Title	Average	Pos	ition (chec	k all t	hat a	pply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Bill Nadolny Vice-Pres								0	0	(
Stephen Lawwell										
Secretary								0	0	C
Scott Porter								0	o	C
Mitch Bernhard		╁╌								
Treasurer	1							0	0	<u> </u>
Eric Hovind										
President	40.00			X				44,603	0	<u>C</u>
					_					
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	-									
744		_	-	-						Form 990 (2006

Part	VII Section A. Officers (A)	, Directors, Tru (B)	stee	s, Ke		nplo C)	yees	s, an	nd Highest Compensated (D)	Employees (continued) (E)	(F		
	Name and Title	Average hours per	-	_	(chec	k all t	that a		Reportable compensation	Reportable compensation	Estim amou	nated int of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	oth comper from organi and re organiz	nsation the zation elated	
													•
		•		-	ļ								
													<u>.</u> _
	·	<u> </u>		-									
							-						
			-										
				-									
2 T	otal otal number of individuals (in				thos	e lis	ted a	bov	e) who received more than				
	eportable compensation from	-								· · · · · · · · · · · · · · · · · · ·		Yes	No
4 F	old the organization list any form mployee on line 1a? If "Yes," or any individual listed on line	complete Sche	dule of re	J for	suc able	h ind	lividi ipens	ial satio	on and other compensation	from	3		x
ır	ne organization and related o ndividual Did any person listed on line 1	-							•		4		x
s	ervices rendered to the organ on B. Independent Contracto	nization? If "Yes									5	<u> </u>	X
	complete this table for your fivon ompensation from the organi	zation	ensa	ted	ınde	end	ent o	contr					
	Name and	(A) business address							Descrip	(B) stron of services	c	(C) ompensa	ation
									.				
								-					
									·				
	otal number of independent of						ed to	tho	se listed above) who receiv	/ed)	
<u> </u>			3			<u> </u>					<u></u>		1 (000

ra	IL V	, Stater	nent of Reve	iiue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
សស	1a	Federated car	npaigns	1a			,	TOVENIGE		012, 010, 01 014
두		Membership d		1b						
s, g		Fundraising ev		1c	*					
gift	d	Related organ	izations	1d						
Sim,	е	Government grants	(contributions)	1e						
ers	f	All other contribution								
ēŧ		and similar amounts	not included above	1f	700	, 391				
Program Service Revenue Contributions, gifts, grants	•		ns included in lines 1a-	1f S	5					
2 "	h	Total. Add line	es 1a-1f			_▶	700,391		·····	
une					Busn	. Code				
eve	2a									
9	b				ļ					
Ž	C				<u> </u>					
n Se	d						· -			
grar	e	All other press	ram 202//20 rayo							
Pro		Total. Add line	ram service reve	ilue		•				
	3		come (including i	dıvıden	ds interest an	_			 	_ <u> </u>
		other similar a		J. V. G. C. I	as, interest, an	ັ ▶	1,070			1,070
	4		nvestment of tax	-exem	ot bond procee	ds▶				
	5	Royalties			,	•				
			(ı) Real		(II) Persona	ıl				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)			•					
	_d	Net rental inco				•				
	7a	Gross amount from sales of assets	(i) Securities	3	(II) Other					
		other than inventory	1		36	, 997				
	b	Less cost or other					!			
		basis & sales exps				,106				
	С	Gain or (loss)	Ĺ		26	,891				
	d	Net gain or (lo		ſ		<u> </u>	26,891	26,891		
e	8a		om fundraising eve	nts						
enne		(not including \$								
Ŗ			reported on line 1c)							
Other Rev	_	See Part IV, line		a						
₹		Less direct ex	xpenses r (loss) from fund	b	ovente	•		:		
			om gaming activitie	T	- CACHES					
	Ja	See Part IV, line		a						
	h	Less direct ex		ь						
			r (loss) from gam	٠.	tivities	>				
			f inventory, less	[
		returns and al	-	а	696	, 302				
	b	Less cost of		ь		,863				
			r (loss) from sale			•	463,439	463,439		
			ellaneous Revenue			. Code				
	11a	Property	Management		53	1310	37,902		37,902	
	b	Equipment	•				180			180
	С	- *								
	d	All other rever	nue							
	е	Total. Add in	es 11a–11d			•	38,082			
	12	Total Revenu	e. See instructio	ns		•	1,229,873	490,330	37,902	1,250

Statement of Functional Expenses Part IX

GodQuest

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).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b,	8b, 9b, and 10b of Part VIII.	, oral expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified		j		
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	418,182	382,762	35,420	
7 8	Other salaries and wages Pension plan contributions (include section 401(k)	410,102	302,702	33,420	
0	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		_		
11	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	16,014		16,014	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	69,279	69,279		
13	Office expenses	7,243	7,243		
14	Information technology				
15	Royalties		40.500		
16	Occupancy	82,822	68,703	14,119	
17	Travel	6,939	6,939		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1 060	1 060		
20	Interest	1,869	1,869		
21	Payments to affiliates	26,212	25,509	703	
22	Depreciation, depletion, and amortization	16,346	7,620	8,726	· · · · · · · · · · · · · · · · · · ·
23	Insurance	10,340	7,020	0,120	
24	Other expenses Itemize expenses not				
24	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Website	28,072	28,072		
b	Credit Card Processing	27,302	27,302		-
c	Repairs and Maintenance	22,628	7,633	14,995	
d	Telephone & Internet	15,996	15,996		
e	Development & Training	12,060	12,060		
_	All other expenses	62,101	57,292	4,809	
25		010 055	718,279	94,786	
26	Joint costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and		}		
	fundraising solicitation	<u> </u>			
DAA				· · · · · · · · · · · · · · · · · · ·	Form 990 (2009)

Page **10**

Part :	K Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cashnon-interest bearing	197,634	1	576,304
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
۱	Part II of Schedule L		6	
<u> </u>	Notes and loans receivable, net	101 001	7	011 00
7 8	Inventories for sale or use	181,991	8	211,08
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 256,710			400.00
l b	Less accumulated depreciation 10b 57,326	211,674		199,38
11	Investments—publicly traded securities		11	
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets	15 015	14	00 40
15	Other assets See Part IV, line 11	15,317	15	22,49 1,009,27
16	Total assets. Add lines 1 through 15 (must equal line 34)	606,616	16	1,009,27
17	Accounts payable and accrued expenses	33,654	17	29,30
18	Grants payable		18	
19	Deferred revenue		19	-
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
= 22				
21 22 22 22 22 22 22 22 22 22 22 22 22 2	employees, highest compensated employees, and disqualified			
_	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	45 100	24	25 20
25	Other liabilities Complete Part X of Schedule D	45,188	25	35,39
26	Total liabilities. Add lines 17 through 25	78,842	26	64,69
Ses	Organizations that follow SFAS 117, check here ▶ 🗓 and			
27 28 28	complete lines 27 through 29, and lines 33 and 34.	E07 774		044 50
27	Unrestricted net assets	527,774	27	944,58
28	Temporarily restricted net assets		28	
29	· · · · · · · · · · · · · · · · · · ·		29	
	Organizations that do not follow SFAS 117, check here ▶			
ַלַ בּ	and complete lines 30 through 34.	1	20	
30 31 31 32 32	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	E07 774	32	QAA EQ
33 2 34	Total net assets or fund balances	527,774	33	944,582
Z 34	Total liabilities and net assets/fund balances	606,616	34	1,009,27

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

3b

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GodOuest

DBA Creation Science Evangelism

Employer identification number

26-0479444 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 4 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). 6 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 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 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 and (iii) below, the governing body of the supported organization? 11g(ı) (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?

(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	rou notify nization in of your port?	organızat (i) organı	s the ion in col zed in the S ?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
			_						
				<u> </u>			<u> </u>		
otal				<u> </u>					

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

3 C C	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			322,206	314,410	700,391	1,337,007
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			322,206	314,410	700,391	1,337,007
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						242,357
6	Public support. Subtract line 5 from line 4			≢			1,094,650
	tion B. Total Support	(=) 200E	(h) 0000	(-) 2007	(d) 2008	(-) 2000	(O. T+-1
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(e) 2009	(f) Total	
7	Amounts from line 4			322,206	314,410	700,391	1,337,007
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				204	1,070	1,274
9	Net income from unrelated business activities, whether or not the business is regularly carried on			18,348	46,995	0	65,343
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	<u> </u>		II.			1,403,624
12	Gross receipts from related activities, etc					12	696,302
13	First five years. If the Form 990 is for the	•	t, secona, thira, fol	irth, or fifth tax year	as a section 501(c)(3)	⊾ ⊽
200	organization, check this box and stop here tion C. Computation of Public Su		tage				▶ X
14		• •		- (6)			
14 15	Public support percentage for 2009 (line 6 Public support percentage from 2008 Sche		•	ın (1))		14	<u>%</u> %
	• • • •			12 and line 14 is 21	2 1/2 9/ 05 50050 6		
16a	33 1/3 % support test—2009. If the organ and stop here. The organization qualifies			13, and line 14 is 3.	o i/o % or more, c	neck this dox	▶ □
h	•		•	or 16a, and line 15	: 10 22 1/2 0/ or m	ara abaak thia	
þ	33 1/3 % support test—2008. If the organ box and stop here. The organization quali) IS 33 1/3 % OF HI	ore, check this	▶ □
17a		•	• • •		or 16b, and line	14 is 10% or	
ı, a	more, and if the organization meets the "fa	•		· ·	•		
	organization meets the "facts-and-circums		•		•		▶ □
b	10%-facts-and-circumstances test—200		•				
J	more, and if the organization meets the "fa	•		· · · · · · · · · · · · · · · · · · ·			
	organization meets the "facts-and-circums		•	•	•		▶ □
10	•		•				
18	Private foundation. If the organization did	i not check a box (on mie is, iba, 161	o, i/a, oi i/b, cnec	k uus box and see	ะเกรเเนตเดกร	₹ L.

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

<u> </u>	(Complete only if you che	cked the box	on line 9 of Pa	art I.)			
	tion A. Public Support			r	I		
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						,
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	· 					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year		 			-	
с 8	Add lines 7a and 7b Public support (Subtract line 7c from						
Ü	line 6)						
Sec	tion B. Total Support	<u> </u>	· t		I	.k	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	>
Sec	tion C. Computation of Public Su	ipport Percen	tage				
15	Public support percentage for 2009 (line 8	, column (f) dıvıde	d by line 13, colun	nn (f))		15	%
16	Public support percentage from 2008 Scho					16	%
<u>Sec</u>	tion D. Computation of Investme						
17	Investment income percentage for 2009 (li			3, column (f))		17	<u>%</u>
18	Investment income percentage from 2008				==	18	<u>%</u>
19a	33 1/3 % support tests—2009. If the orga						
1.	17 is not more than 33 1/3 %, check this b	=	=	•			
b	33 1/3 % support tests—2008. If the orgal line 18 is not more than 33 1/3 %, check the						▶ [
20	Private foundation. If the organization did						

Part IV

26-0479444

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Inspection

Employer identification number Name of the organization GodQuest DBA Creation Science Evangelism 26-0479444 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

<u>Sche</u>	dule D (Form 990) 2009 GodQuest				26-04/94	44		Page 2
Pa	art III Organizations Maintaining	Collections of Art, H	istorical Treas	sures, e	or Other Sim	ilar Asse	ts (continued	d)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, check	any of the following	ng that ar	e a significant us	e of its		
а	Public exhibition	d Loan or	exchange program	ns				
b	Scholarly research	e Other						
С	Preservation for future generations							
4	Provide a description of the organization's coll Part XIV	ections and explain how th	ey further the orga	nızatıon's	exempt purpose	e in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, hi	storical treasures,	or other s	sımılar		Yes	¬ _{No}
Pa	art IV Escrow and Custodial Arra					s" to Forr		
	IV, line 9, or reported an am			ation a			000, . a	
1a	Is the organization an agent, trustee, custodia			ner asset	s not			
	included on Form 990, Part X?	or other mismissing lary to					Yes	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the following	table					
-							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990. Part X. line 21?					Yes	No
	If "Yes," explain the arrangement in Part XIV	555, 7 5.137 , 5						
	ert V Endowment Funds. Comple	ete if organization an	swered "Yes" t	to Form	1 990. Part IV	. line 10.		
		(a) Current year	(b) Prior year			hree years b		rs back
1a	Beginning of year balance					-		
	Contributions					***************************************		
	Net investment earnings, gains,							***********
	and losses			j				
d	Grants or scholarships					***************************************		
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g								
2	Provide the estimated percentage of the year	end balance held as			•			
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %							
С	Term endowment ▶ %							
3a	Are there endowment funds not in the possess	sion of the organization tha	it are held and adm	ninistered	I for the			
	organization by	_					Ye	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	<u> </u>
b	If "Yes" to 3a(II), are the related organizations	listed as required on Sche	dule R?				3b	
4	Describe in Part XIV the intended uses of the	organization's endowment	funds					
Pa	art VI Investments—Land, Buildi	ngs, and Equipment	. See Form 99	0, Part	X, line 10.			
	Description of investment	(a) Cost or other basis	(b) Cost or ot	her	(c) Accumula	ited	(d) Book valu	ie
		(investment)	basis (other)	depreciation	n		
1a	Land		29	,300			29	,300
	Buildings							
	Leasehold improvements							
	Equipment		227	,410	57	,326	170	,084
_ е	Other							
Tota	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part X, colu	ımn (B), line 10(c))		•	199	,384
		·	·					

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 GodQuest		26-047944	4	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial Staten	nen <u>ts</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8_	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	irt XII Reconciliation of Revenue per Audited Financial Statemen	nts V	lith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				***
а	Net unrealized gains on investments	2a] ;	
b	Donated services and use of facilities	2b] j	
С	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIV)	2d]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĺ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b		4b		1	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
₽₽	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents '	With Expenses per l	Retur	n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a]	
b	Prior year adjustments	2b]	
С	Other losses	2c]	
d	Other (Describe in Part XIV)	2d]	
е				2e	
3	Subtract line 2e from line 1			3	
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			
	Other (Describe in Part XIV)	4b		1	
	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pa	nt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	es 1a	and 4. Part IV. lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin				
	part to provide any additional information		-		
	•				
			· -		
			. -		
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Sch	edu	ile C) (F	orm !	990)	200	9	G	ode	Qu	es	t														26	5-0	47	944	44						Page 5
P	art	XI	V	Su	ממו	lem	en	tal	Info	orm	es nati	on	(co	ntir	nue	d)																				
			•		FF								1			-/																				
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SCHEDULE O

(Form 990)°

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Name of the organization GodQuest

DBA Creation Science Evangelism

Employer identification number

26-0479444

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 Form 990 is read by the organization's founder and President. Questions, if any, are referred to the office staff, external CPA, and legal counsel as appropriate.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Hard copies of requested documents are made available to requesting parties.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue	Treasury Service	File a separate application for each return.		1	
		omatic 3-Month Extension, complete only Part I and check this box			X
_	=	itional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)	•	ت
	-	ss you have already been granted an automatic 3-month extension on a previously filed For	-		
Part I		: 3-Month Extension of Time. Only submit original (no copies needed)			
A corporation re	equired to file	form 990-T and requesting an automatic 6-month extension—check this box and complete			
All other corpor		g 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exten	sion of	ŕ	
time to file inco					
	• .	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of tir			
		(6 months for a corporation required to file Form 990-T) However, you cannot file Form 88			
		ne additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870,	-		
	=	solidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part		1	
8868 For more	details on the	electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofi	ts		
Type or print		mpt Organization st DBA	Employe	r identification number	г
File by the	Creati	on Science Evangelism	26-04	179444	
due date for filing your		et, and room or suite no. If a P O. box, see instructions orth W Street			
return. See instructions		post office, state, and ZIP code. For a foreign address, see instructions	• • •		
Form 99 Form 99 Form 99 Form 99	0-BL 0-EZ 0-PF	Form 990-T (corporation) Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A of ► Eric Hovind		Form 4720 Form 5227 Form 6069 Form 8870	
		0-479-3466 FAX No. ▶ 850-479-8562			
 If this is for for the whole g 	r a Group Retu roup, check th	ot have an office or place of business in the United States, check this box m, enter the organization's four digit Group Exemption Number (GEN)	If this is		· 🗆
If this is for for the whole g a list with the n I requesion for the o	r a Group Returoup, check the sames and EIN tan automatic 3/15/11 rganization's re	ot have an office or place of business in the United States, check this box m, enter the organization's four digit Group Exemption Number (GEN) s box If it is for part of the group, check this box and all members the extension will cover. 3-month (6 months for a corporation required to file Form 990-T) extension of time, to file the exempt organization return for the organization named above. The extension is			· 🗍
If this is for for the whole g a list with the n I reques until 0 for the o X	r a Group Returoup, check the ames and ElN tan automatic 3/15/11 rganization's recalendar year tax year begin	ot have an office or place of business in the United States, check this box m, enter the organization's four digit Group Exemption Number (GEN) s box If it is for part of the group, check this box and s of all members the extension will cover. 3-month (6 months for a corporation required to file Form 990-T) extension of time to file the exempt organization return for the organization named above. The extension is sturn for or 08/01/09, and ending 07/31/10		ng period	· 🗇
If this is for for the whole g a list with the n I request until 0 for the o X If this tax If this ap	r a Group Returoup, check the sames and EIN the anautomatic 3/15/11 rganization's recalendar year tax year begin a year is for lesephication is for	ot have an office or place of business in the United States, check this box m, enter the organization's four digit Group Exemption Number (GEN) s box If it is for part of the group, check this box and s of all members the extension will cover. 3-month (6 months for a corporation required to file Form 990-T) extension of time to file the exempt organization return for the organization named above. The extension is turn for or or ing 08/01/09, and ending 07/31/10 s than 12 months, check reason Initial return Final return Change Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	attach	ng period	
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If this is for for the whole galist with the number of the order of the object of the	r a Group Returoup, check the sames and EIN tan automatic 3/15/11 rganization's recalendar year tax year begin x year is for less replication is for nonrefundable phication is for is made inclu	ot have an office or place of business in the United States, check this box m, enter the organization's four digit Group Exemption Number (GEN) s box If it is for part of the group, check this box of all members the extension will cover. 3-month (6 months for a corporation required to file Form 990-T) extension of time, to file the exempt organization return for the organization named above. The extension is sturn for or or oing 08/01/09, and ending 07/31/10. s than 12 months, check reason: Initial return Final return Change Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, credits. See instructions Form 990-PF or 990-T, enter any refundable credits and estimated tax eany prior year overpayment allowed as a credit	in accounti		
If this is for for the whole galist with the number of the order of the object of the	r a Group Returoup, check the sames and EIN tan automatic 3/15/11 rganization's recalendar year tax year begin x year is for less replication is for nonrefundable plication is for its made inclusion.	ot have an office or place of business in the United States, check this box m, enter the organization's four digit Group Exemption Number (GEN) s box If it is for part of the group, check this box of all members the extension will cover. 3-month (6 months for a corporation required to file Form 990-T) extension of time, to file the exempt organization return for the organization named above. The extension is sturn for or or sing 08/01/09, and ending 07/31/10. Initial return Final return Change Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, credits. See instructions Form 990-PF or 990-T, enter any refundable credits and estimated tax te any prior year overpayment allowed as a credit line 3b from line 3a. Include your payment with this form, or, if required,	attach in accounti	\$	
If this is for for the whole galist with the reference of the object of the same of the s	r a Group Returoup, check the sames and EIN tan automatic 3/15/11 rganization's recalendar year tax year begin x year is for less replication is for nonrefundable plication is for its made inclusion.	ot have an office or place of business in the United States, check this box m, enter the organization's four digit Group Exemption Number (GEN) s box If it is for part of the group, check this box and s of all members the extension will cover. 3-month (6 months for a corporation required to file Form 990-T) extension of time to file the exempt organization return for the organization named above. The extension is furn for or ing 08/01/09, and ending 07/31/10 s than 12 months, check reason: Initial return Final return Change Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, credits. See instructions Form 990-PF or 990-T, enter any refundable credits and estimated tax le any pnor year overpayment allowed as a credit line 3b from line 3a. Include your payment with this form, or, if required, on or, if required, by using EFTPS (Electronic Federal Tax Payment	in accounti	\$	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (R	Rev 1-2011)					Page 2			
	filing for an Additional (Not Automatic) 3-Month Ext	tension, con	nplete only Part II and check this box			▶ X			
Note. Only co	omplete Part II if you have already been granted an aut	tomatic 3-mo	onth extension on a previously filed Form	8868.	•				
 If you are 	filing for an Automatic 3-Month Extension, complet								
Part II	Additional (Not Automatic) 3-Month Ex	<u>xtension</u>	of Time. Only file the original (no copie	es needed)	<u> </u>			
Type or	Name of exempt organization			Employ	er Identificati	on number			
print	GodQuest DBA								
File by the	Creation Science Evangeli			26-0	479444				
extended due date for	Number, street, and room or suite no. If a P.O box	, see instruct	tions.						
filing your	5800 North W Street								
return See instructions	City, town or post office, state, and ZIP code. For a	-	•						
	Pensacola FI	32505	<u> </u>	·· ·					
Enter the Ret	urn code for the return that this application is for (file a	ı separate ap	oplication for each return)			01			
Application	n	Return	Application			Return			
ls For	•	Code	ls For			Code			
Form 990		01		······································		,			
Form 990-E	BL	02	Form 1041-A		,	08			
Form 990-E	Z	03	Form 4720			09			
Form 990-F	PF	04	Form 5227			10			
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		_	11			
Form 990-T	(trust other than above)	06	Form 8870						
• If this is for the whole list with the na 4 I reques 5 For cale	anization does not have an office or place of business or a Group Return, enter the organization's four digit G group, check this box If it is for partiames and EINs of all members the extension is for st an additional 3-month extension of time until 06, endar year Office Office Office Office Office	Froup Exempt of the group 15/11 08/0	otion Number (GEN) or, check this box If this in and and only 07/31/1	attach a					
c	Change in accounting period								
7 State in	detail why you need the extension		1.9			• •			
Add	itional time is requested t	o gath	er information to p	repar	e a com	plete			
and	accurate return.	•							
	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or	r 6069, enter	the tentative tax, less any						
	undable credits. See instructions			<u>8a</u>	\$				
	pplication is for Form 990-PF, 990-T, 4720, or 6069, e	•							
	ed tax payments made. Include any prior year overpay	yment allowe	ed as a credit and any						
	t paid previously with Form 8868 e Due. Subtract line 8b from line 8a. Include your payi	mant with thi	a form on if required deposit with	8b	\$				
	upon or, if required, by using EFTPS (Electronic Fede		· ·	0-	s				
11000			nd Verification	8c	<u> </u>				
Under penalties true, correct, an	of penury, I declare that I have examined this form, including indicomplete, and that I am authorized to prepare this form	•		f my knowl	edge and belief,	it is			
	Machael XX In ach	_			e 1	03/			
Signature P	Comment of Salary		tle ► CAA		Date >	060 -			
					Form 8	000 (Rev 1-2011)			