** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. JUI, 1 2021 and ending JUN 30

Open to Public Inspection

Α	For the	2021 calendar year, or tax year beginning JUL 1, 2021 and ending	g Jl	UN 30, 2022	
В	Check if applicable	C Name of organization		D Employer identif	ication number
	Addres				
	Name change		95-35231	.77	
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) Room/s 1806 ROYAL LN	/suite	E Telephone number (214) 61	
	termin- ated			G Gross receipts \$	14,983,280.
	Amend return		H(a) Is this a group r		
	Application			for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates i	
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	, ,	a list. See instructions
		e: ► WWW.ICR.ORG		H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other L			M State of legal domicile: CA
P	art I	Summary			
o o	1 1	Briefly describe the organization's mission or most significant activities: CHRISTIA	AN Z	APOLOGETICS	, CREATION
Activities & Governance		SCIENCE EDUCATION, AND RESEARCH.			
ern	2	Check this box if the organization discontinued its operations or disposed of r		1	1
ò	3	Number of voting members of the governing body (Part VI, line 1a)			
۵	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			
ΞΞ	6	Total number of volunteers (estimate if necessary)			
Ä	/a	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			
_	В	Net unrelated business taxable income from Form 990-1, Part 1, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	11,437,065.	
ne	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		276,458.	
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		47,354.	
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,607,370.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,368,247.	
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		694.	1,388.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	
	45 .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,411,082.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
De C	b	Total fundraising expenses (Part IX, column (D), line 25) 595,606.			
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,345,616.	4,406,804.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_	8,757,392.	9,183,060.
	19	Revenue less expenses. Subtract line 18 from line 12		4,610,855.	4,717,978.
10	ű,		Beg	inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		44,390,156.	48,066,250.
ASS	21	Total liabilities (Part X, line 26)		2,941,271.	2,471,280.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	4	41,448,885.	45,594,970.
P	art II	Signature Block			
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and st			y knowledge and belief, it is
true	, correc	t, and cor ther than officer) is based on all information of which pre	eparer h		4/00
٠.		Signature of officer		Date	1/22
Sig		BEAU PATTERSON, CFO		Date	
He	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai	d	WILLIAM H. SIMS WILLIAM H. SIMS		1/11/22 if self-emplo	
	parer	Firm's name SALMON SIMS THOMAS & ASSOCIATES, PL			05-0568611
	Only	Firm's address 12720 HILLCREST ROAD, SUITE 500		1.7111 0 2111	
	,	DALLAS, TX 75230-2039		Phone no. (9	72) 392-1143
Ma	y the IF	IS discuss this return with the preparer shown above? See instructions		1	X Yes No
_	_				

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ICR'S MISSION IS TO SUPPORT CHRIST'S CHURCH IN PERFORMING ITS
	FUNCTIONS OF WORSHIP, EDIFICATION, AND EVANGELISM THROUGH SCIENTIFIC
	RESEARCH, EDUCATIONAL PROGRAMS, AND MEDIA PRESENTATIONS. WORSHIP: 1)
	GLORIFY JESUS CHRIST BY EMPHASIZING IN ALL ICR RESOURCES THE CREDIT HE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,617,972. including grants of \$) (Revenue \$ 525,317.
	EDUCATION:
	THE ICR DISCOVERY CENTER FOR SCIENCE AND EARTH HISTORY PROVIDES AN
	INTERACTIVE LEARNING EXPERIENCE FOR VISITORS OF ALL AGES, AND TEACHES
	THEM THAT THEY CAN TRUST GOD'S WORD, AND THAT WHEN SCIENCE IS
	INTERPRETED CORRECTLY, IT CONFIRMS THE BIBLE. COURSES IN BIBLICAL
	APOLOGETICS AND ICR'S PROFESSIONAL PROGRAMS INCLUDE BIBLICAL
	ARCHAEOLOGY, CREATION AND FLOOD HISTORY, THEOLOGY AND BIBLICAL
	APOLOGETICS. EDUCATION PROGRAMS INCLUDE FACE-TO-FACE (CONTINUING
	EDUCATION COURSES) AND ONLINE COURSEWORK FOR CHRISTIAN SCHOOL TEACHERS
	AND CHRISTIAN LEADERS, HOMESCHOOL ASSOCIATIONS, AND CHURCH LEADERSHIP.
	PUBLICATIONS SUCH AS ACTS & FACTS, AND THE ICR WEBSITE ARE USED
	PRIMARILY AS EDUCATION TOOLS; MANY OTHER STUDY RESOURCES ARE AVAILABLE
4b	(Code:) (Expenses \$2,018,575. including grants of \$) (Revenue \$514,808.
	APPLIED RESEARCH & COMMUNICATIONS:
	BOOKS, SUCH AS "THE GUIDE TO" SERIES, UNLOCKING THE MYSTERIES OF
	GENESIS AND STUDENT GUIDE, AND THE BOOK OF BEGINNINGS, SUPPORT THE ICR
	MISSION TO COMMUNICATE THE LATEST RESEARCH ON ORIGINS AND EARTH HISORY
	FROM A BIBLICAL PERSPECTIVE. DVD'S/ VIDEOS, SUCH AS UNLOCKING THE
	MYSTERIES OF GENESIS, MADE IN HIS IMAGE, THE TRUTH ON TOUR SERIES, AND
	UNCOVERING THE TRUTH ABOUT DINOSAURS PROVIDE EFFECTIVE COMMUNICATION
	TOOLS, SOME WITH CLOSED CAPTIONS AND SUBTITLES IN A VARIETY OF
	LANGUAGES, TO MEET THE NEEDS OF ICR'S DIVERSE AUDIENCES. SCHOLARLY NEWS
	ARTICLES ARE PRESENTED IN CREATION SCIENCE UPDATES; INSPIRATIONAL
	ENCOURAGEMENT CAN BE FOUND IN PUBLICATIONS SUCH AS THE QUARTERLY
	DEVOTIONAL DAYS OF PRAISE. ICR ALSO DEVELOPS TECHNICAL SCIENTIFIC
4c	(Code:) (Expenses \$1,079,635. including grants of \$1,388.) (Revenue \$\$
	RESEARCH:
	ICR SCIENTIFIC RESEARCH SUPPORTS CREATION SCIENCE AND THE ISSUES OF
	ORIGINS FROM A BIBLICAL PERSPECTIVE. RESEARCH PROJECTS IN THE LIFE
	SCIENCES INCLUDE: THEORY OF BIOLOGICAL DESIGN & ADAPTATION (CONTINUOUS
	ENVIRONMENTAL TRACKING), DINOSAUR FOSSIL SOFT TISSUES ANALYSIS,
	HUMANCHIMP DNA COMPARISONS, HUMAN ANATOMY AND DESIGN, AND GENETICS
	RESEARCH. PHYSICAL SCIENCES RESEARCH INCLUDES STUDIES IN: GEOLOGY,
	FLOOD SEDIMENT ANALYSIS, ARCHAEOLOGY, COSMOLOGY, AND ASTRONOMY PROJECTS
	SUPPORTING A YOUNG EARTH.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{100}{100}\$ including grants of \$\frac{100}{100}\$
4e	Total program service expenses ► 7,716,182.

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		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	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	L	X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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	Х	
24 a	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			
		24a		X
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		_
C	and the support have the	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
02		32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Х	
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	- 22	х
		35a		127
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	9EL		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		_ v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	l I		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	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 60			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		_v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator organs in any			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
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, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, TX, FL, MS, OK, AL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	INSTITUTE FOR CREATION RESEARCH - 800-337-0375			
	1806 ROYAL LANE DALLAS TX 75229			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

7 01-1-1-11-1-1-1-1-1

Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of	
	week		Ler an	lu a u	recto	i / ii uS	iee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	m per		1099-NEC)	1000 (420)	and related
	below	Individual trustee or director	In stit utio nal tru stee	72	Key employee	st co oyee	er	,		organizations
	line)	hdiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) DR. RANDY GULIUZZA	40.00									
PRESIDENT & TRUSTEE)	X		X				151,566.	0.	10,222.
(2) DON BARBER	40.00									
DIRECTOR OF ENTERPRISE TECHNOLOGY	,					X		132,310.	0.	9,188.
(3) DR. JEFF TOMKINS	40.00									
DIRECTOR OF RESEARCH						Х		110,535.	0.	22,206.
(4) DR. JAMES JOHNSON	40.00								_	
CHIEF ACADEMIC OFFICER						X		107,175.	0.	14,817.
(5) BEAU PATTERSON	40.00									
CFO & CORP SECRETARY	1 00			Х)	69,965.	0.	26,520.
(6) DAN MITCHELL	1.00									•
SECRETARY, TRUSTEE	1 00	Х						0.	0.	0.
(7) GEN MARK SHAKELFORD	1.00								•	•
VICE CHAIRMAN, TRUSTEE	1 00	Х						0.	0.	0.
(8) DAN FARELL	1.00	.,								•
CHAIRMAN, TRUSTEE	1 00	Х						0.	0.	0.
(9) DAN ARNOLD	1.00	37						_		0
TRUSTEE	1.00	Х						0.	0.	0.
(10) DR. MAC BRUNSON TRUSTEE	1.00	Х						0.	0.	0.
(11) DR. JOHN MORRIS	1.00	Λ						0.	0.	<u> </u>
TRUSTEE	1.00	Х						0.	0.	0.
(12) TRAVIS FARR	1.00	21							, U.	<u> </u>
TRUSTEE		х						0.	0.	0.
(13) DR. ROB STADLER	1.00									<u> </u>
TRUSTEE		х						0.	0.	0.
(14) DR. MARK STENGLER	1.00								•	
TRUSTEE		Х						0.	0.	0.
(15) COL JEFF WILLIAMS	1.00									
TRUSTEE		Х			L	L	L	0.	0.	0.
(16) ROB YARDLEY	1.00									
TRUSTEE		Х						0.	0.	0.

Form **990** (2021)

Par	T VII Section A. Officers, Directors, Trus	tees, Key Emp	<u> ploy</u>	ees,	and	l Hi	ghe	st C	ompensated Employee	s (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck			one	Reportable	Reportable		Es	timate	ed .
		hours per	box	, unle	ss per	rson i	is bot	h an	compensation	compensation	- 1		nount (of
		week		Cer ar	iu a d	6010	Ji / ti us	, (ee)	from	from related			other	
		(list any hours for	irecto						the	organizations			pensat	
		related	or di	ee			sated		organization	(W-2/1099-MIS	·C/		om the	
		organizations	ruste	l trus		e e	m pen.		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizati d relate	
		below	Individual trustee or director	Institutional trustee	_	nploy.	st cor	, h	1555 (420)				anizatio	
		line)	ndivic	nstitu	Officer	Key employee	Highest compensated employee	Former				90		
	<i>\(\)</i> ,			_										
	(/^													
			_											
			_											
	Subtotal								571,551.		0.	8.	2,95	
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)							Þ.	571,551.		0.	8.	2,95	<u>აკ.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	10 re	eceived more than \$100,	000 of reportable				4
	compensation from the organization												V	4
_											ſ		Yes	No
3	Did the organization list any former officer,			-		-		_		loyee on				v
_	line 1a? If "Yes," complete Schedule J for si										····	3		X
4	For any individual listed on line 1a, is the su	•								-		_	х	
_	and related organizations greater than \$150											4		
5	Did any person listed on line 1a receive or a	•				•				dual for services		_		v
Soc	rendered to the organization? If "Yes," cometion B. Independent Contractors	<u>plete Schedule</u>	<u> </u>	or su	ıch i	oers	on					5		X
	<u> </u>	mnoncated inc		nda	nt or	ntr	actc	rc +L	nat received more than the	:100,000 of com	onact	ion fro		
1	Complete this table for your five highest countries the organization. Report compensation for the organization for the organization and the organization for the organization for the organization.										o ioal			
	(A) Name and business	address	RT/	737 7	,				(B) Description of s	envices		Omnei	;) nsatior	n
	raille allu buoliless	uuui 533		INC	<u>. </u>			-	Description of s	ICI VICCO	0	Sinber	Janul	<u>' </u>
										*				
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	d to	thos	se lis	sted	above) who received me	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				()						000	

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		Check if Schedule O contains a response of	or note to any lin	a in this Part VIII			
		Officer if Generalic G contains a response t	or riote to arry iiii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns1a					
ira ou	k	Membership dues1b					
s, C	C	Fundraising events					
# a	c	Related organizations 1d					
s, c	•	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants, and					
her		similar amounts not included above 1f	12,732,324.				
Q투	,	Noncash contributions included in lines 1a-1f	849,125.				
o d		Total. Add lines 1a-1f		12,732,324.			
Oa		Total. Add lines 1a-11	Business Code	12,732,321.			
	_	DI GGOVEDA GENMED		FOF 101	E0E 101		
<u>ce</u>	2 8		611710	505,191.	505,191.		
e K	k		611710	26,584.	26,584.		
Se	C	TUITION AND REGISTRATION FEES	611710	20,126.	20,126.		
ar eve	C						
Program Service Revenue	6						
Ą	f	All other program service revenue					
		Total. Add lines 2a-2f	•	551,901.			
	3	Investment income (including dividends, intere	st. and				
	•	other similar amounts)		81,239.			81,239.
	4	Income from investment of tax-exempt bond p					,
	4	·	oceeds				
	5	Royalties(i) Real	(ii) Daragnal				
		"	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	c	Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other	\sim \sim			
		assets other than inventory 7a 727,686.					
	ŀ	Less: cost or other basis					
<u>o</u>		and sales expenses 749,291.					
Ju	,	Gain or (loss) 7c -21,605.					
Revenue		Net gain or (loss)		-21,605.			-21,605.
er B		_		21,003.			21,003.
	8 8	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
	C	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	,				
		and allowances 10a	847,759.			·	
		l l					
		J		514,808.	514,808.		
\rightarrow		Net income or (loss) from sales of inventory	Pusiness Cada	314,000.	314,000.		
ठ्य		MIGGELL ANEOLIG TAGOVE	Business Code	40 351			40 201
eor Te	11 a	MISCELLANEOUS INCOME	900003	42,371.			42,371.
Miscellaneous Revenue	k						
Sel Sev	C						
Ais	C	All other revenue					
	•	Total. Add lines 11a-11d		42,371.			
	12	Total revenue See instructions		13 901 038.	1 066 709.	0.	102 005.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Observit Colorada la Oscartaire e vecesar		Hair David IV	, , , , , , , , , , , , , , , , , , ,	
	Check if Schedule O contains a respor	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_		1 300	1,388.		
	individuals. See Part IV, line 22	1,388.	1,300.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3		268,904.	61 510	204 255	
	trustees, and key employees	200,904.	64,549.	204,355.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,362,098.	2,887,531.	250,944.	223,623.
-	Pension plan accruals and contributions (include	-,,,	=,:::,::=		, , , , , , ,
8		174 002	1// 106	11 656	15 221
	section 401(k) and 403(b) employer contributions)	174,093.	144,106.	14,656.	15,331.
9	Other employee benefits	699,412.	583,587.	57,019.	58,806.
10	Payroll taxes	270,361.	218,925.	31,103.	20,333.
11	Fees for services (nonemployees):				
	Management				
		24,411.	4,552.	19,859.	
	•		4,332.		
С	Accounting	37,562.		37,562.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
g	•	190,249.	107 607	2 552	
	column (A), amount, list line 11g expenses on Sch 0.)		187,697.	2,552.	10 566
12	Advertising and promotion	97,121.	84,555.		12,566.
13	Office expenses	714,749.	577,173.	116,050.	21,526.
14	Information technology	67,534.	61,753.	4,356.	1,425.
15	Royalties	4,310.	4,310.		-
		530,565.	490,880.	18,253.	21,432.
16	Occupancy	148,926.			
17	Travel	140,920.	126,834.	20,144.	1,948.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
					\
21	Payments to affiliates	1 267 404	1 250 420	00 204	20 054
22	Depreciation, depletion, and amortization	1,367,494.	1,250,436.	88,204.	28,854.
23	Insurance	137,733.	130,552.	4,406.	2,775.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
_	POSTAGE & FREIGHT	572,242.	470,410.	1,150.	100,682.
a					06 205
b	PRINTING	513,908.	426,944.	659.	86,305.
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,183,060.	7,716,182.	871,272.	595,606.
		5,205,000	,,,±0,±02•	V 1 ± 1 Δ 1 Δ •	333,000•
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
10001	12-00-21	•			Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	τx	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,140,335.	1	1,025,712.
	2	Savings and temporary cash investments	2,051,147.	2	7,529,813.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	445,918.	8	515,103.
Ä	9	Prepaid expenses and deferred charges	22,213.	9	61,946.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 39, 258, 359.			
	b		34,873,786.	10c	34,070,299.
	11	Investments - publicly traded securities	4,856,757.	11	4,863,377.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	44 222 456	15	10.055.050
	16	Total assets. Add lines 1 through 15 (must equal line 33)	44,390,156.	16	48,066,250.
	17	Accounts payable and accrued expenses	316,927.	17	344,737.
	18	Grants payable	20 000	18	74 470
	19	Deferred revenue	29,086.	19	74,472.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Liabilities	00	controlled entity or family member of any of these persons		22	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23 24	
	2 4 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2,595,258.	25	2,052,071.
	26	Total liabilities. Add lines 17 through 25	2,941,271.	26	2,471,280.
	20	Organizations that follow FASB ASC 958, check here	2/212/2/27	20	2/1/2/2000
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	40,488,817.	27	44,709,887.
3ala	28	Net assets with donor restrictions	960,068.	28	885,083.
ρl		Organizations that do not follow FASB ASC 958, check here	,		
Fu		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	41,448,885.	32	45,594,970.
	33	Total liabilities and net assets/fund balances	44,390,156.	33	48,066,250.
			•		200

Form **990** (2021)

-orm	1990 (2021) INSTITUTE FOR CREATION RESEARCH	33-3	343111	Pa	.ge •4
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,90	1,0	38.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,18	3,0	60.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,71	7,9	78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,44		
5	Net unrealized gains (losses) on investments	5	-17	3,1	22.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-39	8,7	71.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	45,59	9 4, 970.	
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ale Audit			

Act and OMB Circular A-133? **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 on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

INSTITUTE FOR CREATION RESEARCH 95-3523177 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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). X 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

, , ,		, 3	0 0				
f Enter the number of supported of	organizations						
g Provide the following information	about the supporte	ed organization(s).					
(i) Name of supported	(vi) Amount of other						
organization		(described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	No	support (see instructions)	support (see instructions)	
Total							

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12452680.	13772435.	9427271.	11437065.	12732324.	59821775.
2	Tax revenues levied for the organ-						
	ization'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	12452680.	13772435.	9427271.	11437065.	12732324.	59821775.
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)						10860684.
6	Public support. Subtract line 5 from line 4.						48961091.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	12452680.	13772435.	9427271.	11437065.	12732324.	59821775.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	67,344.	73,634.	49,977.	51,891.	81,239.	324,085.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	0	00 000	F.C.4. C.F.4	4400004	40 054	4506640
	assets (Explain in Part VI.)	27,570.	23,727.	564,671.	1128274.		1786613.
	Total support. Add lines 7 through 10						61932473.
	Gross receipts from related activities,	•	,				,017,723.
13	First 5 years. If the Form 990 is for the	-		•			
804	organization, check this box and stop ction C. Computation of Publi						P
				valuman (f)\		44	79.06 %
	Public support percentage for 2021 (I		· ·			15	
	Public support percentage from 2020 33 1/3% support test - 2021. If the contract of the contra			line 12 and line 1			
10a	stop here. The organization qualifies						▶ 😈
h	33 1/3% support test - 2020. If the		•		lino 15 is 33 1/30/		
U	and stop here. The organization qual						
179	10% -facts-and-circumstances test	•	• •				
114	and if the organization meets the fact						*
	meets the facts-and-circumstances te					VITIOW THE Organiz	▶
h	10% -facts-and-circumstances test	~	· · · · · · · · · · · · · · · · · · ·	• • •	-	7a and line 15 is	
	more, and if the organization meets the						10,001
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-				······································
	J		,	. , ,			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received	, and the second	,				
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
Se	ction B. Total Support					1	T
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6			\sim			
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income				$\langle \cdot \rangle$		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					24/ 1/2)	
14	First 5 years. If the Form 990 is for th	•		•			
Sa	check this box and stop here ction C. Computation of Publi						
	•			actions (f)		15	0/
	Public support percentage for 2021 (li Public support percentage from 2020			.,,		16	<u>%</u> %
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	<u></u> %
18	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2021. If the						
.50	more than 33 1/3%, check this box ar						. .
	33 1/3% support tests - 2020. If the						
•	line 18 is not more than 33 1/3%, che	•				•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
- 55		
4a		
4b		
4c		
F-		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
ฮม		
9с		
10a		
10h		
10b		

	dule A (Form 990) 2021 INSTITUTE FOR CREATION RESEARCH 95-35	Z 3 I /	/ Pa	ige 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sact	detail in Part VI. tion B. Type I Supporting Organizations	11c		
<u> </u>	non B. Type I Supporting Organizations		V	NI.
4	Did the governing hady members of the governing hady efficers esting in their efficial capacity or membership of any ar		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	D)N		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	∠a		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_,,		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
			$\overline{}$	

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2021

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	T V Type III Non-Functionally integrated 509(a)(3) Supporting Orga	nizations (continu	<u>ied) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	ıs	Distributable
			Pre-2021		Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,	\sim 0			
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if	•			
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
<u>b</u>	Excess from 2018				
<u> </u>	Excess from 2019				
<u>d</u>	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

95-3523177

2021

Name of the organization Employer identification number

INSTITUTE FOR CREATION RESEARCH

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization Employer identification number

INSTITUTE FOR CREATION RESEARCH

95-3523177

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1		\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$20,605.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ 822,042.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Name, address, and ZiF + +	\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$ 361,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)		

Name of organization Employer identification number

INSTITUTE FOR CREATION RESEARCH

95-3523177

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCKS AND SECURITIES	\$520,605.	_07/14/21_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	7
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number

			employer identification number				
STIT	UTE FOR CREATION RESEAR Exclusively religious, charitable, etc., contribution		95 - 3523177 501(c)(7), (8), or (10) that total more than \$1,000 for the year.				
	from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)						
	Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or less to space is needed.	r the year. (Enter this into. once.)				
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
— L							
		(e) Transfer of gift					
		()					
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
							
No.							
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(a) Transfer of sift						
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
No. om							
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			_				
H		(a) Transfer of gift					
	(e) Transfer of gift						
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
No.							
om irt l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(a) Transfer of sift						
 		(e) Transfer of gift					
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

INSTITUTE FOR CREATION RESEARCH

Employer identification number 95-3523177

Pai	organizations maintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		ımaı Funds (of Accounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held	in donor advise	d funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gran	t funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose c	onferring
	impermissible private benefit?			
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a	a historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contributi	on in the form o	f a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a	historic structur	e
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ter	minated by the o	organization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	9, ,		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conse	ervation easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfo	rcing conservation	on easements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fir	nancial statemer	nts that describes the
Dai	organization's accounting for conservation easements. III Organizations Maintaining Collections of	Art Historical Trees	sures or Oth	or Similar Assats
ı aı	Complete if the organization answered "Yes" on Form	•	oures, or our	iei olilliai Assets.
	If the organization elected, as permitted under FASB ASC 958		ue statement an	d halance sheet works
·u	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			
h	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	s.asideri, education, of h		
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB AS			gain, provide
а	Revenue included on Form 990, Part VIII, line 1	-		> \$
a	Assets included in Form 000, Part V			

Par	t III	Organizations Maintaining Co	ollections of Art	t, Histo	orical Tre	asures, o	r Other S	Similar A	ssets	(contin	ued)	
3	Using	the organization's acquisition, accessio	n, and other records	s, check	any of the t	following that	make sign	ificant use	of its			
	collec	tion items (check all that apply):										
а	X	Public exhibition	d		Loan or exc	hange progra	am					
b												
С		Preservation for future generations										
4	Provid	de a description of the organization's col	lections and explain	how th	ey further th	ne organizatio	n's exemp	t purpose i	n Part I	XIII.		
5	Durin	g the year, did the organization solicit or	receive donations of	of art, his	storical treas	sures, or othe	er similar as	sets				
		sold to raise funds rather than to be mai								Yes	X	٥V
Pai	t IV	Escrow and Custodial Arrang		ete if the	organizatio	n answered '	"Yes" on Fo	orm 990, P	art IV, I	ine 9, or		
		reported an amount on Form 990, Part	: X, line 21.									
1a	Is the	organization an agent, trustee, custodia	n or other intermed	iary for o	contribution	s or other ass	sets not inc	luded		_		
		rm 990, Part X?							L	Yes	1	No
b	If "Ye	s," explain the arrangement in Part XIII a	nd complete the fol	lowing t	able:							
										Amount		
С	Begin	ning balance						1c				
		ions during the year						1d				
е	Distril	outions during the year						1e				
f	Endin	g balance						1f		7		
	Did th	ie organization include an amount on Fo	rm 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liability	?	L	Yes	-	No
		s," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on I	Part XIII .					
Par	LV	Endowment Funds. Complete if							o book	(a) Four	vooro bo	
			(a) Current year	(a) F	rior year	(c) Two year	IS DACK (C) Three year	S Dack	(e) Four	years ba	UK
		ning of year balance										
		ibutions										
		vestment earnings, gains, and losses										
		s or scholarships		•								—
е		expenditures for facilities										
	-	rograms		$\overline{}$								—
f		nistrative expenses		> /								—
g		f year balance										—
2		de the estimated percentage of the curre			j, column (a)) held as:						
a		d designated or quasi-endowment		_%								
b		anent endowment										
С		endowment >9										
_	•	ercentages on lines 2a, 2b, and 2c shou	•									
за		nere endowment funds not in the posses	sion of the organiza	tion tha	t are held ar	nd administer	red for the o	organizatio	n	Г	Voc N	
	by:	and the decrease the second					\wedge				Yes N	10
		nrelated organizations								3a(i)		
L	(ii) R	elated organizationss" on line 3a(ii), are the related organizat	iono listad os roquir		obodulo DO					3a(ii)		—
										3b		—
Par	t VI	ibe in Part XIII the intended uses of the class and Equipment		wmenti	urius.							
		Complete if the organization answered		Part IV	/ line 11a S	see Form 990	Part X lin	e 10				
		Description of property	(a) Cost or o			or other		umulated		(d) Book	. voluo	—
		bescription of property	basis (investn		` '	(other)	` '	eciation		(u) book	vaiue	
10	Land		,			6,069.	2.5)1			2,476	. 069	
		ngs	I			5,467.	1.37	74,601		2,570		
		ehold improvements			J,J4	-,,	_, _,	_,			,	<u> </u>
		ment	I		8.5	3,836.	4.8	32,283		371	.,553	<u>.</u>
		, more				2,987.		31,176		8,651		
		lines 1a through 1e. (Column (d) must eq		X colum				_		4,070		
		3 (Columnitia) mast eq	, ciii, coc, i ait	· · · · · · · · · · · · · · · · · · ·	, , 11110-1	~~.,					-	

Schedule D (Form 990) 2021

Part VII	Investments -	Other	Securities.

Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
	Sali alautu atuus	(1)	, ,	• · · · · · · · · · · · · · · · · · · ·
	lai derivatives held equity interests			
(3) Other	, note equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	F 000 D1/1/ I'-	44 d O Farma 000 Back V Back 45	
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Deals value
	(a)	Description		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
<u>(7)</u>				
<u>(8)</u> (9)				
	umn (b) must equal Form 990, Part X, col. (B) line	o 15 \		
Part X	Other Liabilities.	= 13.)		
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
	IABILITIES UNDER SPLIT I	NTEREST		
	GREEMENTS			2,052,071.
(4)				
(5)				~
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	2,052,071.
•	v for uncertain tax positions. In Part XIII. provide	•	the organization's financial statements th	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

ı	Dagana	ailiatian a	f Dayanua nar A	 L Einanaial Sta	stamanta With	Dayanua na
	(FUIIII 990		INDITIOID			

Fait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	> WILL	i nevellue per ne	urn.	
1	Total revenue, gains, and other support per audited financial statements			1	15,011,236.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a	-398,771.		
	Donated services and use of facilities	2b	-398,771. $1,349,140.$		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	159,829.		
	Add lines 2a through 2d	•		2e	1,110,198.
	Subtract line 2e from line 1			3	13,901,038.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
c /	Add lines 4a and 4b			4c	0.
5	Fotal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	13,901,038.
Part	XII Reconciliation of Expenses per Audited Financial Statement	ts Wi	th Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	10,865,151.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a l	Donated services and use of facilities	2a	1,349,140.		
b l	Prior year adjustments	2b			
	Other losses	2c	222 251		
d (Other (Describe in Part XIII.)	2d	332,951.		4 500 004
	Add lines 2a through 2d			2e	1,682,091.
	Subtract line 2e from line 1			3	9,183,060.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			•
	Add lines 4a and 4b			4c	0.
5 Dort	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.			5	9,183,060.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,			, Part 2	X, line 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal into	ormation.		
PAR	Γ III, LINE 4:				
1 1111	TII, DIND T.		\		
ICR	'S COLLECTION INCLUDES FOSSILS AND OTHER HI	STO	RICAL ARTIFA	CTS	WHICH ARE
USEI	O IN FURTHERANCE OF THE ORGANIZATION'S RESE	ARC	H AND EDUCAT	ION	AL
ACT:	IVITIES.				
PAR	ΓX, LINE 2:				
THE	INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAX	XES	UNDER SECTION	ON	501(C)(3)
					•
OF S	THE INTERNAL REVENUE CODE (IRC). THE INSTIT	UTE	HAS BEEN CL	<u>ASS</u>	IFIED AS
AN (ORGANIZATION THAT IS NOT A PRIVATE INSTITUT:	E UI	NDER IRC SEC	TIO	N
509	(A)(2), AND AS SUCH, CONTRIBUTIONS TO THE I	NST:	TUTE QUALIF	<u>Y F</u>	OR
		_			
DEDI	JCTIONS AS CHARITABLE CONTRIBUTIONS. HOWEVE	R, :	INCOME GENER.	ATE:	D FROM
7 Cm		D. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	מיים דמ מיים	TEC	m mo masz
ACT.	IVITIES UNRELATED TO THE INSTITUTE'S EXEMPT	PO]	KPUSE IS SUB	JEC'	TO TAX

Part XIII Supplemental Information (continued)

UNDER IRC SECTION 511.

MANAGEMENT HAS CONCLUDED THAT ANY TAX POSITIONS THAT WOULD NOT MEET THE

MORE-LIKELY-THAN-NOT CRITERION OF FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10 WOULD BE IMMATERIAL

TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. ACCORDINGLY, THE

ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE ANY PROVISION FOR

UNCERTAIN TAX POSITIONS, AND NO RELATED INTEREST OR PENALTIES HAVE BEEN

RECORDED IN THE STATEMENT OF ACTIVITIES OR ACCRUED IN THE STATEMENT OF

FINANCIAL POSITION. FEDERAL TAX RETURNS OF THE ENTITY ARE GENERALLY OPEN

TO EXAMINATION BY THE RELEVANT TAXING AUTHORITY FOR A PERIOD OF THREE

YEARS FROM THE DATE THE RETURNS ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B

CHANGE IN SPLIT INTEREST AGREEMENTS

TOTAL TO SCHEDULE D, PART XI, LINE 2D

159,829.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B 332,951.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

INSTITUTE FOR CREATION RESEARCH

Employer identification number 95-3523177

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			1
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			1
				1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				1
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			1
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			1
	establish compensation of the CEO/Executive Director, but explain in Part III.			1
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			1
	Form 990 of other organizations Approval by the board or compensation committee			1
				1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			1
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Out to a 11 or 504(-)(0) 504(-)(4) and 504(-)(00) are a 1-11 or a 1-11 or 504(-)(00)			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	Eo.		Х
a	The organization? Any related organization?	_5a _5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	JU		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b		Х
~	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. RANDY GULIUZZA	(i)	151,566.	0.	0.	9,022.	1,200.	161,788.	0.
PRESIDENT & TRUSTEE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization INSTITUTE FOR CREATION RESEARCH Employer identification number 95-3523177

Pa	irt i Types of Property						
	·	(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of det	terminina	
		applicable	contributions or litems contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribut	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	22	774.260.	FAIR MARKET	VALUE	
10	Securities - Closely held stock			,			
11	Securities - Partnership, LLC, or						
•	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures		1)				
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial		4				
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies)				
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other \blacktriangleright ($ENVIRONMENTAL$)	X	56		APPRAISAL		
26	Other \blacktriangleright (<u>LAB EQUIPMENT</u>)	X	109	1,400.	FAIR MARKET	VALUE	
27	Other • ()			'			
28	Other ()						
29	Number of Forms 8283 received by the organize	•					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			_
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for		37
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.					J. V	
31	Does the organization have a gift acceptance p				ions?	31 X	
32a	Does the organization hire or use third parties of		~				1,7
	contributions?					32a	X
	If "Yes," describe in Part II.		_				
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	tor which column (a) is chec	cked,		
	describe in Part II.			`		/= -55-) aca:
LHA	For Paperwork Reduction Act Notice, see	tne Instruc	tions for Form 990	J.	Schedule M	. (⊢orm 990) 2021

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

Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

INSTITUTE FOR CREATION RESEARCH

Employer identification number 95-3523177

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IS DUE AS CREATOR. 2) OPPOSE THE DEIFICATION OF NATURE BY EXPOSING
DARWINIAN SELECTIONISM AS AN IDOLATROUS WORLDVIEW. EDIFICATION: 1) HELP
PASTORS LEAD, FEED, AND DEFEND THEIR FLOCKS BY PROVIDING SCIENTIFIC
RESPONSES TO SECULAR ATTACKS. 2) CHANGE CHRISTIANS' VIEW OF BIOLOGY BY
CONSTRUCTING AN ORGANISM-FOCUSED THEORY OF BIOLOGICAL DESIGN.
EVANGELISM: 1) DEFEND THE GOSPEL BY SHOWING HOW NATURAL PROCESSES
CANNOT EXPLAIN THE MIRACLES IN THE BIBLE. 2) COUNTER OBJECTIONS TO THE
GOSPEL BY EQUIPPING BELIEVERS WITH SCRIPTURE-AFFIRMING SCIENCE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ON THE FOCUS TOPICS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
RESEARCH FOR GENERAL AUDIENCES AND OFFER PROGRAMS SUCH AS THE ICR RADIO
MINISTRY, PODCASTS, ICR SOCIAL MEDIA, EVENTS, AND CONFERENCES ACROSS
THE COUNTRY AND THE GLOBE. ICR'S COMMUNICATIONS RESOURCES PRESENT A
CHRISTIAN WORLDVIEW AND PROVIDE SCIENTIFIC EVIDENCE SUPPORTING BIBLICAL
CREATION BASED ON GENESIS 1-11.
FORM 990, PART VI, SECTION A, LINE 1A:
GOVERNANCE, MANAGEMENT, AND DISCLOSURE:
THE ORGANIZATION IS A FULLY ACCREDITED MEMBER OF THE EVANGELICAL COUNCIL

FOR FINANCIAL ACCOUNTABILITY (ECFA) AND, AS SUCH, SUBSCRIBES TO ECFA'S

SEVEN STANDARDS OF RESPONSIBLE STEWARDSHIP ADDRESSING: (1) OPERATION IN

CONFORMITY WITH THE ORGANIZATION'S EVANGELICAL CHRISTIAN DOCTRINAL

Schedule O (Form 990) 2021 Page 2

Name of the organization INSTITUTE FOR CREATION RESEARCH

Employer identification number 95-3523177

STATEMENT, (2) OVERSIGHT BY A BOARD OF DIRECTORS, THE MAJORITY OF WHICH ARE INDEPENDENT, (3) SUBMISSION OF COMPLETE, ACCURATE, AUDITED FINANCIAL STATEMENTS, (4) PROPER MANAGMENT AND FINANCIAL CONTROLS OVER THE USE OF THE ORGANIZATION'S RESOURCES, (5) PUBLIC AVAILABILITY OF THE ORGANIZATION'S CURRENT FINANCIAL STATEMENTS UPON WRITTEN REQUEST, (6) AVOIDANCE OF CONFLICTS OF INTEREST, AND (7) RESPONSIBLE, TRUTHFUL, FUND-RAISING PRACTICES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL AND TOP FINANCIAL OFFICER EACH
REVIEW THE FORM 990 PRIOR TO ITS FILING WITH THE IRS. A COPY OF THE FINAL
FORM 990 IS ALSO PROVIDED TO THE VOTING MEMBERS OF THE ORGANIZATION'S AUDIT
COMMITTEE AND GOVERNING BODY PRIOR TO ITS FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EACH
MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS OFFICERS, AND ITS KEY
EMPLOYEES ON AN ANNUAL BASIS. EACH SUCH INDIVIDUAL PROVIDES AN ANNUAL
DISCLOSURE STATEMENT INDICATING THAT THEY HAVE RECEIVED, READ, UNDERSTOOD
AND AGREED TO COMPLY WITH THE POLICY, CERTIFYING THAT: (1) THEY HAVE NO
RELATIONSHIPS OR INTERESTS THAT PRESENT A CONFLICT OF INTEREST, (2) THEY
HAVE ONE OR MORE CONFLICTS OF INTERESTS THAT HAVE BEEN FULLY DISCLOSED AS
REQUIRED BY THE POLICY AND HAVE BEEN PROPERLY ADMINISTERED IN CONFORMITY
WITH THE POLICY, OR (3) THEY HAVE PREVIOUSLY UNDISCLOSED CONFLICTS OF
INTEREST AND DISCLOSING THE DETAILS OF SUCH CONFLICTS. ANY DISCLOSURE
STATEMENTS WITH PREVIOUSLY UNDISCLOSED CONFLICTS OF INTEREST ARE FORWARDED
TO APPROPRIATE ORGANIZATION OFFICALS TO TAKE APPROPRIATE ACTIONS AS

REQUIRED BY THE POLICY.

Schedule O (Form 990) 2021 Page **2**

Name of the organization INSTITUTE FOR CREATION RESEARCH		Employer identification number 95-3523177
FORM 990, PART VI, SECTION B, LINE 15:		
THE ORGANIZATION HAS ADOPTED AN EXECUTIVE COMPEN	SATION SET	FING POLICY
APPLICABLE TO ALL DISQUALIFIED PERSONS, INCLUDIN	IG THE ORGAI	NIZATION'S CEO,
OFFICERS, AND KEY EMPLOYEES. UNDER THE POLICY, A	AN INDEPENDI	ENT COMMITTEE OF
THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND APPR	ROVES THE CO	OMPENSATION
LEVELS OF ALL INDIVIDUALS SUBJECT TO THE ANNUAL	BUDGET. THI	E DELIBERATIONS
AND DECISIONS OF THE COMMITTEE ARE CONTEMPORANEO	OUSLY SUBSTA	ANTIATED. THE
COMMITTEE UTILIZES COMPARABILITY DATA IN ITS DEI	JIBERATIONS	; UPDATED
COMPARABILITY DATA IS GENERALLY OBTAINED ANNUALI	у.	
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION PROVIDES, UPON REQUEST, COPIES	OF ITS ART	ICLES OF
INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLI	CY, AND ITS	5 FINANCIAL
STATEMENTS.		
0)		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS	5:	
CHANGE IN VALUE OF ANNUITIES AND TRUSTS		-398,771.
		70,

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization INSTITUTE FO	R CREATION RESEARCH				Employer identif	ication no 177	umber
Part I Identification of Disregarded Entities. Com	plete if the organization answered "Yes'	on Form 990, Part IV, line 33					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total inco	(e) me End-of-year a	assets Direct	(f) controllino ntity	g
	7/0						
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990,	Part IV, line 34, b	ecause it had one o	r more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
			C				
				90			

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	. ,			·		ı			1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of		ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	ations?	20 of Schedule	partner?	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled iity?
			INSTITUTE FOR					Yes	No
			CREATION						
CHARITABLE REMAINDER ANNUITY TRUST (1)	SPLIT INTEREST TRUST	CA	RESEARCH						X
			INSTITUTE FOR						
			CREATION						
CHARITABLE REMAINDER UNITRUST (6)	SPLIT INTEREST TRUST	CA	RESEARCH						X

1a

Page 3

X

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)	1b	X
С	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
е	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	X
g	Sale of assets to related organization(s)	1g	X
h	Purchase of assets from related organization(s)	1h	X
i	Exchange of assets with related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
0	Sharing of paid employees with related organization(s)	10	X
р	Reimbursement paid to related organization(s) for expenses	1p	X
q	Reimbursement paid by related organization(s) for expenses	1q	X
r	Other transfer of cash or property to related organization(s)	1r	X
	Other transfer of cash or property from related organization(s)	1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining amount involved Method of determining amount involved	olved	
1)			
2)			
3)			
4)			
5)			
6)			
3216	3 11-17-21 Schedule F	ł (Form 9	90) 2021

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization. See in	(b)	(c)		(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are all partners sec 501(c)(3) orgs.?	Share of	Share of		r- Code V-HBI	Genera	or Percentage
of entity	Timidiy dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	Dispropo tionate allocation	r- Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managi	ownership
or criticy		country)	excluded from tax under			assets		of Schedule K-1	partne	-
		oountry)	Sections 512-514)	Yes No	miconic	400010	Yes N	o (FUIII 1003)	Yes N	<u> </u>
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