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Snort Form Return of Organization Exempt From Income Tax

2009

OMB No. 1545-1150

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

▶ Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

Department of the Treasury

-	-	revenue		lar waar		y year haginning	000 er	nd ending				, 20
D. C.												
-	_	use IRS					1	11-3685707				
ř	=	label or IVIATA EXPLORATION CENTER										
Ì	=	itial retur	-	type.	1		∞∞, ˈ		1			
] Te	erminated	i	See Specific		RANCH ROAD 620 N , SUITE 155		284	512-350-3321			
. [=	mended i		instruc-		or town, state or country, and ZIP + 4			F Gro	•		on
Ē			n pending	-		TIN, TX 78726		_		Number ►		
	•	Secti	ion 501(c)(3)			ns and 4947(a)(1) nonexempt charitable trusts must at	ttach		_			Cash
_				a con	mp	ted Schedule A (Form 990 or 990-EZ).		_	r (specify			
												nization is not
ı		ebsite				ORATION.ORG	<u> </u>	- '			ched	ule B (Form 990,
_				•		ne) — 🗹 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or	<u></u> 527	•	EZ, or 99			
ŀ		heck 🕨				n is not a section 509(a)(3) supporting organization and its						nan \$25,000. A
-						s not required, but if the organization chooses to file a re				lete re	tum.	
L						determine gross receipts, if \$500,000 or more, file Form 990				otion	o fo	233584
	ΕĒ	rt I			_	ses, and Changes in Net Assets or Fund Bal					5 10	
		1				rants, and similar amounts received	• •			1		63 <u>60</u>
		2	•			nue including government fees and contracts .	• •			2		227224
	-	3		•		d assessments				3	-	
	- 1	4	Investmen							4	!	
		5a				ale of assets other than inventory	'5a		_	4		
		b				sis and sales expenses	5b			<u></u>	}	
	•	C	•	•		e of assets other than inventory (Subtract line 5b fr		•		<u>5c</u>	├	
	[6				s (complete applicable parts of Schedule G). If any amount is from	n gamın	g, cneck ner	e ▶ ∐		ļ	
	Revenue	а	Gross reve	•			_ 1					
	œ	_	reported o		•		6a			ł		
	ŀ	b		-			6b			∤ ~		
	- 1	_C		-		rom special events and activities (Subtract line 6b f		ne 6a)		6c		
	1	7a				ory, less returns and allowances	7a			1		
		b	Less: cost	_		_	7b			-	l	
		C				rom sales of inventory (Subtract line 7b from line 7a	a) .			7c		***
		8	Other reve	-					}	8	-	
-	\dashv	<u>9</u> 10				nes 1, 2, 3, 4, 5c, 6c, 7c, and 8				10		233584
		11				nounts paid (attach schedule)	• •		• •	11	1	
	<u>"</u>		Benefits p				35		• •	12		47700
2010	nses	12 13	Drofossion	nal food	2	other payments to independent contractors	··· .		• •	13	 	47700 2543
7		14				tics and maintenance and	• •		• •	14		7998
9	M M	15	•	•		postage, and shipping OCT 1 8 2010	• •			15		950
_	_	16								16		186447
AON.		17				ribe ► SEE STATEMENT 1 Innes 10 through 16				17		245638
		18				the year (Subtract line 17 from line 9)				18		-12054
H	e e	19		•	•	alances at beginning of year (from line 27, column				<u> </u>		12001
Z	88					ported on prior year's return)				19		26662
Z	Net Assets	20		-		assets or fund balances (attach explanation)				20	t	
CANNED	ž	21				lances at end of year. Combine lines 18 through 20				21		16972
ၯႃ	Pa	rt II	Balanc	e Shee	et	If Total assets on line 25, column (B) are \$1,250,00	0 or m	ore, file Fo	orm 990		ad o	f Form 990-EZ.
•						See the instructions for Part II.)			eginning o			(B) End of year
	22	Ca	sh. savings	s. and in	inv	tments			-	24971	22	7797
	23		_								23	
	24					SEE STATEMENT 2	•	,		6409	-	5700
	25		tal assets					ː		31380	$\overline{}$	13497
	26					► SEE STATEMENT 3	-	,		2035	_	8140
	27					nces (line 27 of column (B) must agree with line 21	١ .			26662	27	16972
									0	lele	Ų2	1109

· Oilli	330-122 (2003)					
Par	Statement of Program Service Accomp	plishments (See the instru	uctions for Part III	.)		Expenses
Wha		SEE STATEMENT 8				ired for section
Desc	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear an	d concise		(3) and 501(c)(4) zations and section
manı	ner, describe the services provided, the number o	f persons benefited, and o	ther relevant infor	mation for		a)(1) trusts; optional
each	program title.				for ott	
28	SEE STATEMENT 6	· · · · · · · · · · · · · · · · · · ·		-		
	OLL DIALEMENT V					
	(Grants \$) If this amount	includes foreign grants, che	ack horo	. ▶ 🗆	28a	115601
20	NINE PUBLIC EDUCATIONAL TOURS WERE CONDUC					110001
29		JED: 44 PEOPLE PARTICIPA	AIED. IOUNS OF A	01143		
	AND EVENING LECTURES WERE GIVEN					
						40074
	· · · · · · · · · · · · · · · · · · ·	includes foreign grants, che	eck nere	. ▶⊔	29a	48971
30	SEE STATEMENT 7					

	(Grants \$) If this amount	includes foreign grants, che	eck here	<u>. ▶ ⊔</u>	30a	2000
31	Other program services (attach schedule)					
		includes foreign grants, che			31a	
32	Total program service expenses (add lines 28a t				32	166572
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	instruc	ctions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances
EDW	IN BARNHART, 9705 WESTWARD DR		, , , , , , , , , , , , , , , , , , ,			
		CHAIRMAN 50.00	40000		0.	О.
	· · · · · · · · · · · · · · · · · · ·	CHAIRMAN, 50.00	40000.		<u> </u>	<u> </u>
	NDRA LUECKE, WA UNIVERSIT, DEPT OF ANTHRO-	L			_	
	OGY, ST. LOUIS, MO 63103	DIRECTOR, 1.0	0.		0.	0.
	DERIC BARNHART, 7004 SHUMARD CIRCLE		_		_	_
	TIN, TX 78759	DIRECTOR, 1.0	0.		0.	0.
BLA	IR DUNCAN, 1806 TREVINO DRIVE					
<u>AUS</u>	TIN, TX 78746	DIRECTOR, 1.0	0.		0.	0.
HAR	OLD GREEN, 17705 WESTSIDE HWY SW					
VASI	HON, WA 98070	DIRECTOR, 1.0	0.		0.	0.
CHA	RLES WILLIAMS, 8530 FOREST HILLS DR					
DAL	LAS, TX 75218	DIRECTOR, 1.0	O.		0.	0.
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Form 99	10-b∡ (200 9)		F	Page 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		~
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		~
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	<u> </u>		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	 	1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		~
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		~
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	405		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<u></u>	~
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	· ' '	512-35		1
L	Located at ► 7301 RANCH ROAD 620 N, SUITE 155 #284, AUSTIN, TX ZIP + 4 ►	78	726	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Ves	No
	account)?	42b	1.63	110
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			► [] N/A
	, , , , , , , , , , , , , , , , , , , ,			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	-		 ,
45	Form 990-EZ	44		~
	"Yes," Form 990 must be completed instead of Form 990-EZ	45) F7	V

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. A 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer question and complete the tables for lines 50 and 51.	ons 40	5 – 491	b
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Yes	No
candidates for public office? If "Yes," complete Schedule C, Part I	46		~
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<u> </u>	~
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		/
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		V
 b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, 	49b truste	es an	l d key
employees) who each received more than \$100,000 of compensation from the organization. If there is none, er			
(a) Name and address of each employee paid more hours per week than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation	àc	Exper count a allowa	and
NONE			
	 		
	1		
f Total number of other employees paid over \$100,000 ▶			
51 Complete this table for the organization's five highest compensated independent contractors who each rec \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service		mpens	
NONE			
			
d Total number of other independent contractors each receiving over \$100,000 ▶			
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the be and belief, it is true, correct, and complete peclaration of preparer (other than officer) is based on all information of which preparer has	st of my	/ know	ledge e.
Sign Here Signature of officer Date	10		
EDWIN BARNHART, DIRECTOR, MAYA EXPLORATION CENTER Type or print name and title			
Paid Preparer's signature Date Check if self-employed ▶ □ Preparer's identifying nu	mber (Se	e instru	ctions)
Use Only yours if self-employed),			
address, and ZiP + 4 Phone no. ▶ May the IRS discuss this return with the preparer shown above? See instructions	Yes		No (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name	of t	ne organization							Employe	r identificat	ion num	rber	
MAY	MAYA EXPLORATION CENTER 11:						3	68570	7				
Pai	t I	Reason	for Public Ch	arity Status (All org	ganizatio	ns mus	t comple	ete this	part.) Se	e instruc	tions.		
The 1 2 3 4		A church, co A school des A hospital or A medical re	envention of chur scribed in section a cooperative h	dation because it is: (rches, or association in 170(b)(1)(A)(ii). (Attacspital service organition operated in conjusto:	of church ach Sche ization de unction v	nes descr edule E.) escribed vith a ho	ribed in s in sectio spital de:	ection 1 n 170(b)(scribed in	70(b)(1)(<i>/</i> (1)(A)(ііі).	V (1).)(A)(iii)	. Ente	r the
5		An organizat		the benefit of a colle					by a gove	emmental	unit d	escrib	ed in
6		A federal, sta	ate, or local gove	emment or governme	ntal unit	describe	d in sect	ion 170(t)(1)(A)(v)	L			
7 8		An organizat described in A community	ion that normally section 170(b)(y trust described	receives a substantia 1)(A)(vi). (Complete P I in section 170(b)(1)	al part of Part II.) (A)(vi). (C	its suppo complete	ort from a Part II.)	governm	ental uni	t or from t			
9		receipts from support from acquired by	n activities relate n gross investme the organization	receives: (1) more that ad to its exempt funct ent income and unre after June 30, 1975.	ions—su lated bus See sec	bject to o siness tax tion 509(certain exable inc (a)(2). (Co	ceptions ome (les omplete F	, and (2) s section Part III.)	no more 511 tax)	than 3	31/3 %	of its
10 11		An organizate purposes of 509(a)(3). Ch	tion organized a one or more put neck the box tha	nd operated exclusive and operated exclusive plicity supported organ the describes the type	rely for the nizations of suppo	ne benefi described rting orga	t of, to p d in secti anization	perform to on 509(a) and corr	he function (1) or sec aplete line	ons of, on tion 509(s 11e thr	a)(2). S ough	i ee s e I1h.	ction
е		persons other	this box, I cert	Ify that the organizat n managers and other	ion is no		led direc	tly or inc	lirectly by	one or		disqua	alified
f g		organization,	, check this box	a written determination							III suj	oportii	ng [
		following pe											
			•	r indirectly controls, e		-		th persor	is describ	oed in (ii)	44.0	Yes	No
			_	ning body of the subt		_					11g(i) 11g(ii	-	ļ <u>.</u>
				rson described in (i) a		 (ii) abaya					11g(iii	_	
h				of a person described ation about the suppo				• • •			[1.8/m]	'1	_
	llam on	of supported anization	(A) CIN	(III) Type of argumention (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o		(v) Did , the organ col. (i)	ou notify nization in of your nort?	organizat (i) organi	o the ion in col. zed in the S ?		Amount	t of
					Yes	No	Yes	No	Yes	No			
							ļ						
	-						 	<u> </u>					
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_	_				Ì		[İ	1				

Pa	Support Schedule for Org (Complete only if you chec	janizations ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5 6	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). Public support. Subtract line 5 from line 4.						
_	tion B. Total Support	l	<u>L</u>	<u> </u>	<u> </u>	<u> </u>	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(4, 2000	(2) 2000	(0) 2007	(4) 2000	(0) 2000	(1) 1014
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .				<u> </u>		
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re		nd, third, fourth	n, or fifth tax y	ear as a secti	on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2008 Sci	hedule A, Part	II, line 14 .			15	%%_
16a	33% % support test—2009. If the organizand stop here. The organization qualifies	as a publicly	supported organ	nization			▶ 🗆
b	33% % support test—2008. If the organization qua				and line 15 is	33% % or more	e, check this ▶ □
17a	10%-facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circum real results and r	acts-and-circu	mstances" test,	check this box	and stop here.	Explain in Part	t IV how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. By supported or	Explain in Part ganization .	IV how the

Sched	tule A (Form 990 or 990-EZ) 2009							Page 3
Par	Support Schedule for Organ (Complete only if you checke	nizations De	scribed in Soline 9 of Par	ection 509(a) t l.)	(2)			
Sec	tion A. Public Support							
	elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Grits, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10001	3689	18360	7886		6360	46296
	furnished in any activity that is related to the organization's tax-exempt purpose	128805	126109	270085	150117		227224	902340
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	10000	400700	20045	450000		000504	040026
6	Total. Add lines 1 through 5	133806	129798	288445	158003		233584	948636
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							948636
Sec	tion B. Total Support		<u>-</u>					
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
9 10a	Amounts from line 6	138806	129798	288445	158003		233584	948636
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							948636
14	First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public Su	here	<u> </u>	nd, third, fourth	· · · · · ·			▶ □
		·-/		. 10 and	(6)	45		100 %
15 16	Public support percentage for 2009 (lir Public support percentage from 2008 s	Schedule A, Pa	art III, line 15	e 13, column (15 16		100 %
<u>sec</u>	tion D. Computation of Investmen					1 4- 1		.00 %
17 18	Investment income percentage for 200 Investment income percentage from 20	008 Schedule /	A, Part III, line	17		17 18		%
19a	33% % support tests – 2009. If the org 17 is not more than 33% %, check this b	ox and stop he	ere. The organi	zation qualifies	as a publicly s	suppo	rted orga	nization 🕨 🗹
b	331/4 % support tests 2008. If the organ line 18 is not more than 331/5 %, check this	s box and stop	here. The organ	nization qualifie	s as a publicly:	suppo	rted orga	nization 🕨 🗌
20_	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	ox and	t see inst	ructions ▶ 📙

MAVA	FYDI	ORA 1	rion.	CENTER
אואויו	LALL			CENTER

11-3685707

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DECEDIDATION		AMOUNT
DESCRIPTION		<u>AMOUNT</u>
EDUCATIONAL TOUR EXPENSES		48971
STUDY ABROAD EXPENSES		115601
LECTURE EXPENSES		2000
PROMOTIONAL EXPENSES		1749
BANK/CREDIT CARD CHARGES		5946
RESEARCH MATERIALS		2264
MISCELLANEOUS		400
AUTOMOBILE EXPENSE		964
WEBSITE		412
PAYROLL TAXES		8140
TOTAL TO FORM 990-EZ, LINE 1	6	186447

STATEM	ENT 2
BEG. OF YEAR 3000 <u>3409</u> 6409	END OF YEAR 3000 <u>2700</u> 5700
	3000 <u>3409</u>

FORM 990-EZ	OTHER LIABILITIES	STATEMENT 3
DESCRIPTION PAYROLL TAXES PAYABLE	<u>BEG. OF YEAR</u> 2035	END OF YEAR 8140

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 4

DESCRIPTION	<u>AMOUNT</u>
DEPRECIATION OTHER EXPENSES	2364 <u>5634</u>
TOTAL TO FORM 990-EZ LINE 14	7998

MAYA EXPLORATION CENTER 2009 DEPRECIATION AND AMORTIZATION REPORT

П	ATED		1624	436	384	924	568	321	422	493	135	7	9	95	29	26	10	48	69	313	10	550	105	8605
	END ACCUMULATE	DEDUCTION	1,		1		1		,															8
	CURRENT YEAR	DEDUCTION	0	111	350	229	392	117	64	45	125	0	0	60	18	21	10	27	36	163	6	495	92	2364
	BEG. ACCUMULATED	DEPRECIATION DEPRECIATION	1624	325	1034	969	1176	204	37	26	10	7	9	32	11	35	0	21	33	150	T	52	13	TOTALS
	BASIS FOR	DEPRECIATION	1624	436	1384	924	1568	321	101	71	135	7	9	95	29	56	2	. 6	3	13	8	550	105	
990-EZ	UNADJUSTED	COST OR BASIS	1624	546	1384	924	1568	321	101	71	135	7	9	95	29	56	2	9	3	13	1	550	105	
	LIFE		9	5	2	2	5	5	2	5	2	2	5	5	2	5	5	5	5	2	5	2	5	
	METHOD		TS.	TS.	TS	SL	SL	SL	٦S	SL	TS	SL	SL	٦S	1S	SL	SL	٦S	٦S		SL	•		
	DATE	ACQUIRED	10/9/03 SL	3/2/04 SL	4/7/04 SL	6/14/04 SL	12/2/04	4/11/05 SL	5/17/06	7S 90/2/9	12/3/06	3/5/07 SL	3/27/07	1/07 SL	2/2/07	10/1/07 SL	11/2/07 SL	11/3/07 SL	12/5/07	12/5/07	12/1/07	2/3/08	2/1/08	
FORM 990-EZ PAGE 1	DESCRIPTION		1 PROJECTOR	2 COMPUTER	3 PROJECTOR	4 NETWORK EQUIPMENT	5 LAPTOP/SOFTWARE	6 CELLPHONE/UPGRADES		IPMENT		20 SOFTWARE- SYMANTEC		22 HP 6310 PRINTER			25 TELEPHONE CHARGER	26 EXTERNAL HARD DRIVE	27 OB 2008 SOFTWARE	28 GATEWAY LAPTOP	29 SOFTWARE- SYMANTEC	30 EPSON DIGITAL PRINTER	31 TELEVISION	
FORM	ASSET	NO		7	l _w	4	2	9		8	5	20	21	22	23	24	25	26	27	28	25	30	31	

FORM 990-EZ INFORMATION REGARDING TRANSFERS STATEMENT 5
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

 [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO

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STATEMENT 6

SEVEN STUDY ABROAD COURSES WERE CONDUCTED: ATTENDEES INCLUDED 7 STUDENTS FROM BIRMINGHAM SOUTHERN COLLEGE, 14 STUDENTS FROM OSHER LIFELONG LEARNING INSTITUTE, 6 STUDENTS FROM UNIVERSITY OF PITTSBURG, 8 STUDENTS FOMR MATH FOR AMERICA, 20 STUDENTS FROM MIDLAND COLLEGE, AND 14 STUDENTS FROM THE AMERICAN SCHOOL OF LONDON.

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STATEMENT 7

TEN PUBLIC EDUCATIONAL LECTURE SERIES WERE PRESENTED; ONE IN GRAND JUNCTION, CO, ONE AT PENNSYLVANIA COLLEGE OF TECHNOLOGY IN WILLIAMSPORT, PA, ONE AT ALBRIGHT COLLEGE IN READING, PA, ONE AT UNIVERSITY OF CALIFORNIA, IN SANTA BARBARA, CA, ONE AT THE EXPLORER'S CLUB IN NEW YORK CITY, NY, ONE AT THE CANADIAN ABORIGINAL FESTIVAL IN HAMILTON, ONTARIO, ONE AT WORCERSTER STATE COLLEGE IN WORCESTER, MA, ON AT CALIFORNIA STATE IN NORTHRIDGE, CA, ONE AT THE SAN MARCOS ROTARY CLUB IN SAN MARCOS, TX AND ONE AT NERD NITE IN AUSTIN, TX. AN ESTIMATED TOTAL OF 1460 PEOPLE ATTENDED.

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STATEMENT 8

MAYA EXPLORATION CENTER PROVIDES EDUCATIONAL AND COMMUNITY OUTREACH PROGRAMS IN THE FORM OF STUDY ABROAD COURSES AND EDUCATIONAL TOURS FOCUSING ON THE ANCIENT MAYAN CIVILAZATION. MAYA EXPLORATION CENTER ALSO CONDUCTS RESEARCH RELATED TO RUINS IN MESOAMERICA AND TO FURTHER RESEARCH INTO MAYAN SCIENTIFIC KNOWLEDGE AND CIVILIZATION.