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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury

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

In	itema	al Revenu	e Service	<u> </u>		THE Organ	nizauon m	ay nave to t	use a cop	y 01 0113 16	aum to saus	siy state rep	OI (III	ig require	errerus				
7	\ F	or the	2009 calend	ar year,	, or t	ax year	beginni	ng	Ja	nuary 1		, 2009, a	nd	ending	De	cemb	er 31	, 20 10	
E	3 CI	heck if applicable		Please	С	Name of	organizati	on							D Emp	oloyer i	denti	fication number	
	_ ∧	ddress c	hange	use IRS label or		TROPLI	EX INST	ITUTE OF	ORIGIN	SCIENC	Œ				1		75-2	231809	
Ĺ	=	Name change initial return Terminated		print or		mber and	street (or	P.O box, r	f mail is n	ot delivere	ed to street a	address)	Roo	m/suite	E Tele	E Telephone number			
Ļ	=			type. See	P. 0	O. BOX	1045									4	09-7	24-2757	
	⇉			Specific		y or town,	, state or	country, and	ZIP + 4			L			F Gro	un Ev	emp	tion	
}	=	mended Inclication		Instruc- tions.		RT NEC	HES. TX	77651								F Group Exemption Number ►			
=	=		ppindatori periating									lethod: 🗹 Cash 🗌 Accrual							
_		 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Mo Other (specify) 									ı. <u>ı.</u>) Casir L. Accidar							
													ł	H Che	ck ► ☐ if the organization is not				
ı		ebsit/		nios.org									_	requ	ired to a	tach S	Sche	dule B (Form 990,	
J	Ta	ax-exe	mpt status (check or	only c	one) — 🛂	✓ 501(c)	(3)◀	(insert n	10) 🗌 4	1947(a)(1) c	or 🗌 527	7	990-	EZ, or 99	90-PF)			
K	C	heck 🕨	► 🗹 ıfth	e organi	uzatio	on is not	a section	509(a)(3)	supporti	ng organ	ızatıon and	d its gross	rece	eipts are	normally	not n	nore	than \$25,000. A	
_	F	orm 99	0-EZ or Forn	n 990 rei	eturn	ıs not re	quired,	but if the c	organizat	tion choc	ses to file	a return, b	e s	ure to fil	e a com	olete r	eturn	<u> </u>	
L	. <u>A</u> c	dd lines	5b, 6b, and 7													>	\$	206,487	
	Pa	art I	Revenu	ie, Exp	pen	ses, ar	nd Cha	nges in	Net A	ssets o	or Fund I	Balance	s (See th	e instru	ctior	is fo	or Part I.)	
		1	Contribution	ons, gift	fts, g	rants, a	and sımı	lar amou	nts rece	eived .						1	1	200,000	
	i	2	Program s													2	1	0	
		3	Membersh													3		0	
		4	Investmen	-												4	\top	0	
		5а	Gross amo			ale of a						5a	•			\vdash			
	- 1									-		5b	-			1			
		C									5c		0						
	<u>و</u> ا	6			nd activities (complete applicable parts of Schedule G). If any amount is from gaming, check here							- 30	+						
	ᇎ	-										_	·9, v	TICON TICE	<u>-</u> -	, ,	}		
	Revenue	а	Gross reve												0		1		
(œ		reported o		•							6a				┨			
		b	Less: direc									6b		_ .	0		-		
2010		C	Net incom		-	-				-		1 1	ne t	oa)		6c	┼	0	
7	l	7a	Gross sale			•						7a			6487	-{	ł		
ಣ		þ	Less: cost	•								7b			10,517	-	-		
~		С							7c		-4030.00								
9		8		-	describe ►)	8	ــــ	0					
AUG	_	9														9	1	195,970.00	
	H	10	Grants and			-			-							10	↓	161,702.22	
		11	1 Benefits paid to or for members						11	<u> </u>	0								
Ž	es	12	2 Salaries, other compensation, and employee benefits [12	<u> </u>	0							
Z	Expenses	13	Profession	al fees	and	other	payment	ts to inde	pender	it contra	ectors .					13		3173.49	
S	<u>ğ</u>	14	14 Occupancy, rent, utilities, and maintenance						14	ļ	517.50								
SCANNED	ű	15	Printing, p													15	<u> </u>	733.89	
Ĩ	-	-16	6 Other expenses (describe artifacts, research trips, equipment, supplies) 1. Total expenses. Add lines 10 through 16						16		24,039.55								
L		1 1 7	Totalexp	enses.	Add	lines 10	0 throug	jh 16 .		<u> </u>	<u> </u>	<u> </u>			. ▶	17		190,166.65	
- 1	တ	18	Excess or	(deficit	ľχ	the yea	ır (Subtr	act line 1	7 from	line 9)			-			18		5,803.35	
وا	Assets	19/11	Nethassets	and fund	184	alances	at beg	inning of	year (f	rom line	e 27, colu	ımn (A)) ((mu	st agre	e with				
15	2	NO	end-of-yea	ar figure	¢/A	orted o	on prior	year's ret	tum) .							19	ŀ	19,261.56	
	ž	20	Other char	nges in i		assets	or fund	balances	(attach	ı explan	ation) .					20		13,096.98	
- 13	ZŢ	2000	Net assets													21		38,161.89	
4	Pa	17.11														ınste	ad o	f Form 990-EZ.	
_			(See the instructions for Part II.) (A) Beginning of						year		(B) End of year								
	22	Ca	sh. savinos	, and in	•				•				_		24	62.91	22	8931.54	
	 23		Cash, savings, and investments						23	0									
	24		ner assets (٠		21.6	32.97	-	36,030.67	
	25		tal assets .									 -	_ ′			95.88	-	44,962.21	
	26		tal liabilitie										`,			54.32	-	-6800.32	
	20 27		t assets or	•						st agree	with line	21) .	_ ′			61.56	_		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642i

Form **990-EZ** (2009)



Par		·				Expenses
What	is the organization's primary exempt purpose?	To provide educational, sci	entific, literally info	rmation		ured for section
	mbe what was achieved in carrying out the org					(3) and 501(c)(4) exations and section
	ner, describe the services provided, the number of	of persons benefited, and	other relevant info	rmation for		(a)(1) trusts, optional
	program title.			·-·-	for at	hers.)
28	Providing educationa information to over 3000 peop					
	forums, scheduled monthly meetings; and to provid	e internet information to an ι	intold number of pe	ersons		
	accessing our website and by e-mail.					
	(Grants \$) If this amount		28a	21,530.60		
29	Providing scientific, educational, literary and charita					
	various archeaological sites around the world.					

	-	includes foreign grants, ch			29a	161,702.22
30		,				
	/Curata the company				20-	•
24	(Grants \$) If this amount Other program services (attach schedule)	includes foreign grants, ch		<u>. P.U.</u>	30a	
ŞI		ıncludes foreign grants, ch			31a	0
32	Total program service expenses (add lines 28a				32	183,232.82
Par						
بسجيد		(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances
Davi	d Bassett	<u> </u>	-			
408 \$	Springtime Dr. Cedar Hill, TX 75104	Chairman	0		0	0
Dr. D	on Patton	Vias Chairman				
1728	Hebert Woods Dr, Port Neches, TX 77651	Vice Chairman	0	İ	0	0
Zynd	a Patton	Treasurer - 1 Hr per wk				
1728	Hebert Woods Dr, Port Neches, TX 77651	Treasurer - Trii per wk	0		0	0
	d Lines	Secretary - 1 Hr per mo.				
P.O.	Box 190, Randolph, TX 75475		0	_	0	0
						<u>.</u>
-						
_						
- -						

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.			
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		1
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		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
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		✓
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	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		/
41	List the states with which a copy of this return is filed ▶	,		
42a	The organization's books are in care of ▶ Telephone no ▶			
	Located at ► ZIP + 4 ►			
b	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		Yes	No
	account)?	42b		. 🗸
	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		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			0
		ĺ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		

Part VI

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	4/(a)(1) nonexempt chari	xempt charitatable trusts m	able trusts only. A ust answer question	ll section ns 46-49	b				
	Did the organization engage in direct or indirect				Yes	No				
	candidates for public office? If "Yes," complete Schedule C, Part I									
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a	Did the organization make any transfers to an exempt non-chantable related organization?									
	If "Yes," was the related organization a section 5				49b	1				
50	Complete this table for the organization's five hi employees) who each received more than \$100,	ghest compensated employ	yees (other thai	n officers, directors, t						
	 i 	(b) Title and average	(c) Compensation		(e) Exper					
	(a) Name and address of each employee paid more	hours per week		employee benefit plans & deferred compensation	account a	and				
NONE	than \$100,000	devoted to position		deterred compensation	other allow	ances				
NONE										
_										
		:								
	***************************************	1								
		[
	Complete this table for the organization's five \$100,000 of compensation from the organization			ctors who each rece	eived more	than				
	(a) Name and address of each independent contractor	paid more than \$100,000	(p)	Type of service	(c) Compens	ation				
NONE										
			j							
				Ì						
	•		-	<u> </u>						
4	Total number of other independent contractors e	asch recolling over \$100 00	0 •	<u> </u>						
u	rotal humber of other independent contractors a	each receiving over \$100,00								
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration									
Sign	Man Man			18-7 - 220	ת					
Here	Signature of officer			Date						
	Signature of onicer			Date						
	Dr. Don Patton, Vice-Chairman									
	Type or print name and title			Ta :-:						
Paid	Preparer's Date Check if Preparer's identifying numb									
Prepare	r's signature thence R	Duedw 1 1/28	employed ▶	521-54-	4364					
Use Onl	Firm's name (or vours if self-employed).	<u> </u>	, -	EIN ►						
	address, and ZIP + 4 3610 Mandy Dr. Granb	ury, TX 76048		Phone no ► 817	817-408-0041					
May the	e IRS discuss this return with the preparer showr	above? See instructions		▶ 🗸	Yes 🗌 I	No				
					m 990-EZ	(2009)				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

METROPLEX INSTITUTE OF CRIGIN SCIENCE 2231809 Reason for Public Charity Status (All organizations must complete this part.) See instructions, The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 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.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type! **b** Type II **c** ☐ Type III–Functionally integrated e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iu)| Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not NIA include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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. Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar MIA sources 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.) Total support. Add lines 7 through 10 . Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % <u>1</u>5 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 331/s % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33/s % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33\% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . .▶ 🔲 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	Section A. Public Support								
Ci	alendar 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.")	23,671	45,761	25,165	119,025	200,000	413,622		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2779	0_	5197	9354	6487	23,817		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	o	0	0	0	0			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Û	0	342	0	6	342		
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0		
6	Total. Add lines 1 through 5	26,450	45,761	30,704	128,379	206,487	437.781		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	22,950	105,000	200,600	327,950		
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	0	0	1700	14,025	0	15,725		
C	Add lines 7a and 7b	0	0	24,650	119,025	200,000	343,675		
8	Public support (Subtract line 7c from line 6)	2			 -	-	94,106		
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
		26,450	45,761	30,704	128,379	206,487	437,781		
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	43,781	0	0	0	0		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	o	o	o	o i	o	0		
С	Add lines 10a and 10b	0	0	0	0	0	0		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	0	o	0	0	o	0		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	1900	10,000	0	11,900		
13	Total support. (Add lines 9, 10c, 11, and 12.)	26,450	45,761	32,604	138,379	206,487	449,681		
14	First five years. If the Form 990 is for to organization, check this box and stop to the s	here		d, third, fourth		ear as a section	n 501(c)(3) ▶ □		
Sec	tion C. Computation of Public Sup	•				· · · · · · · · · · · · · · · · · · ·			
15 16	Public support percentage for 2009 (line Public support percentage from 2008 S	chedule A, Pa	rt III, line 15	e 13, column (· · · · ·	f)) 	16	20 % 7.8 %		
Sec	tion D. Computation of Investmen	t Income Pe	rcentage						
17 18	Investment income percentage for 2009 Investment income percentage from 20	•		•		17 18	0 % C %		
19a	331/3 % support tests - 2009. If the orga 17 is not more than 331/3 %, check this bo	anızatıon did no	ot check the bo	x on line 14, a	nd line 15 ıs m				
b		zation did not d	check a box on	line 14 or line 1	19a, and line 16	6 is more than 3	33/3 %, and		
20	Private foundation If the organization	-	_	•		-			

Page	4

Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this part Part III, line 12. Prov	to provide the explan- ride any other addition	ations required by Part I al information. See instr	I, line 10; uctions.
N/A					
					•
				••••••	
				*******	**************
			•••••		
	·····			•••••	
-					