For Paperwork Reduction Act Notice, see the separate instructions.



Return of Organization Exempt From Income Tax

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

2017

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.

Open to Public

Inspection

9 Program service revenue (Part VIII, line 29)	A	For the	2017 cale	ndar year, or tax year beginning January 1 , 2017, and ending	Decer	nber 31	, 20 17						
Name change Install return S276 Bec Caves Rd S276 Bec Cav	В	Check if	applicable	C Name of organization Maya Exploration Center		D Employ	er identification number						
Initial return Final return/reminated Fi		Address	change	Doing business as	11-3685707								
Initial return Finish enturn/remanded Finish enturned Fin		Name ch	ange	Number and street (or P.O box if mail is not delivered to street address) Room/suite	suite E Telephone number								
Final return/terminated Austin, Texas 78746 Austin, Texas 78746 Application pending Fame and address of principal officer Edwin Lawrence Barnhart 9700 Westward Drive Austin, TX 78733 High is this a group return for abondinater 2 Yes No High Script No Hi	$\overline{}$		-	3267 Bee Caves Rd 107-	161		512-350-3321						
Amended return Amended return Austin, Texas 78746 Gross recepts \$ Application pending Fivame and address of principal officer Edwin Lawrence Barnhart High this is using up intum for address of principal officer Mile M	$\bar{\sqcap}$			City or town, state or province, country, and ZIP or foreign postal code									
Application pending F Name and address of principal officer Edwin Lawrence Barnhart Mile is this a group mam for subordinater Ves No No Tax-evempt status Sy10 (9) So1(9) So1(9) Ves Mile No Author Mile No Author Mile	ā.			Austin, Texas 78746		G Gross re	eceipts \$						
Tax-exempt status So1(c)(3) So1(c)(4) (insert no.) 4947(a)(1) or 527/2 H(b) Are all subordinates included? 9 cs No No No No No No No N	$\overline{\Box}$			F Name and address of principal officer Edwin Lawrence Barnhart	H(a) is this a c	roup return for	subordinates? Ves No						
Tax-exempt status			- 1 - 0	9700 Westward Drive Austin, TX 78733	1		i i						
Website:		Tax-exer	not status										
Exempton Corporation Trust Association Other Lyear of formation: 2003 M State of legal domicile: TX	j												
Part I Summary 1 Briefly describe the organization's mission or most significant activities: Education programs and research regarding the ancient civilizations of the Americas and beyond 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part VI, line 1b) . 4 1 Total number of individuals employed in calendar year 2017 (Part V, line 2a) . 5 1 Total number of volunteers (estimate if necessary) . 6 6 Total number of volunteers (estimate if necessary) . 6 7 Total unrelated business revenue from Port 190 ☐ 11/16 ☐ 24 7 Total unrelated business taxable income from Port 190 ☐ 11/16 ☐ 24 8 Contributions and grants (Part VIII, line 190 ☐ 1450.00 ☐ 3594.0 ☐ 1450.00 ☐ 3594.0 ☐ 19.1 ☐ 10 ☐ 10 ☐ 10 ☐ 10 ☐ 10 ☐ 10 ☐ 10 ☐	K	<u></u>											
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8 Contributions and grants (Part VIII, line 19)		1	1101 01110		Prior Ye								
9 Program service revenue (Part VIII, line 29)		B	Contribu	tions and grants (Part VIII line 1 line) MAY 0.1.2019	·····	1450.00	3594.00						
11 Other revenue (Part VIII, column (A), lines 5, 6q,8c; per 100, and 11e)	Ę	i .			3								
11 Other revenue (Part VIII, column (A), lines 5, 6q,8c; per 100, and 11e)	Ş.	l .	_	1911			0.00						
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13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)													
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17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e)	Sec	162					0.00						
17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e)	ĕ	l oa		real control of the c		0.00	0.00						
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Seginning of Current Year End of Year		1											
20 Total assets (Part X, line 16)	_ =		Tievenue										
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	Asse	21		· '			0.00						
	Net	22		· · · · · · · · · · · · · · · · · · ·									
Taren Olghadare Blook						20,070.40	07-10.00						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it					ents and to t	the hest of r	ny knowledge, and belief it is						
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							,,						
	_		T										
Sign Signature of officer Date	Si	an	Sign	ature of officer	l_ Da	ite ,	1. 1.						
Here 4/25/18													
Type or print name and title Edwin Burnhat, President													
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Preparer		•			T _E .								
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Firm's address ► Phone no. May the IRS discuss this return with the preparer shown above? (see instructions)	Ma	av the IF				, io 110.	Yes No						

Form 990 (2017)

Cat. No. 11282Y



Part l	V Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		√
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		1
	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		1
	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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14 a		14a		✓
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		1
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		1
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		1
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		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		,

Part l	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	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			,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	\vdash	✓
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		-
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	04-		,
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		V
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	00	.	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		_
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		√
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		./
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		h	
	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		√ _
50	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-		
	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
^^	controlled entity 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? If "Yes," complete Schedule R, Part V, line 2	20		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-
. ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		✓
		Form	n 990	(2017)

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		103	-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	,	1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		ļ
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	1
4a	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			
	account)?	4a		✓
b	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	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	<u> </u>	/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	ļ	✓
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>
u	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· · ·	 	-
	required to file Form 8282?	7c	}	1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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	Ĺ	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	
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_		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	 -	
10	Section 501(c)(7) organizations. Enter:	90	 	
a	Initiation fees and capital contributions included on Part VIII, line 12	['	'	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	†		
11	Section 501(c)(12) organizations. Enter:	1		Ì
a	Gross income from members or shareholders	} !		
þ	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 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
1	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	,		
_	TON	-		
C 14a	Enter the amount of reserves on hand	14a	-	
14a	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an evaluation in Schodule O	14a	 	

1se 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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management of the program of the members and the supervision of officers, directors, or trustees, or key employees to a management own or other persons? 4 Dut the organization have members or stockholders or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members or stockholders? 6 Did the organization the members, stockholders or other persons who had the power to elect or appoint one or more members of the governing body? 6 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization there with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key amployee listed in Part VII, Section A, who cannot be reached at the organization shall provide the names and addresses in Schedule O. 9 Section B. Poficies (This Section B requests information about policies not required by the Internal Revenue Code). 10a Did the organization have local chapters, branches, or affiliates? 10b If Yes, 1 did the organization have overtice and provide the names and addresses in Schedule O. 9 June 10b Hard Provided and provided and procedures governing the activities of such chapters, affiliates, and branches to ensure their operati	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se Check if Schedule O contains a response or note to any line in this Part VI								
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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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give nse to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization in yest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? 15b ✓ 15c ✓ 15c ✓ 15c ✓ 15c ✓ 15d ✓ 1	4.5	Distance of the boundary boundary boundary of the Control of the C		Yes					
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C Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	_								
Did the organization have a written whistleblower policy?		Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			<u> </u>				
Did the organization have a written document retention and destruction policy?	12				<u> </u>				
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? The organization's CEO, Executive Director, or top management official					<u> </u>				
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b Other officers or key employees of the organization	а		15a		1				
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	_		-	1	- -				
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	_								
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?	16a		16a		1				
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 List the states with which a copy of this Form 990 is required to be filed ► Texas Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► 	<u></u>		16b	L					
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 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ 	10	available for public inspection. Indicate how you made these available. Check all that apply.	1 501(U)(U)S	Of IIy)				
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest _l	policy	, and				
Fabric Deschart 0700 Week De Arretin TV 70700 E10 050 0004	20		cords:	•					
	20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	•					

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Page 7

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if fielther the organization no	r arry relate	u orga	ai nz	auc	III C	ompe	1150	led any curren	it officer, director	, or trustee.
				(0	C)					
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and Title	Average					tnan o Is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	
	week (list any		_					from	related	other
	hours for related	호호	stit	Officer	ş	골호	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	9 5	듷	٩.	ַ בַּ	8 3	单	(W-2/1099-MISC)		organization
	below dotted	의 #	na.		Key employee	[®] §	ļ	ľ		and related
	line)	Individual trustee or director	Institutional trustee	ļ	8	亨	1	l		organizations
	1	ď	8	l		Highest compensated employee				
		ļ		<u> </u>	_	8	<u> </u>	ļ		
(A) Ed to Bountain		i								
(1) Edwin Barnhart	50		ار ا	,	,					
(0) () () () () ()			✓	✓	✓	ļ	-	36,663.00		
(2) LeAndra Bridgeman, Director	1		1			! 	l			
(3) Frederic Barnhart, Director	1	<u> </u>	V		-	 	-			
(5) Frederic Barmari, Director	 		1		ĺ			[!	
(4) Blair Duncan, Treasurer	2		-	├─	-	 	 	 		
(4) Dian Duncan, Treasurer	 	1	1			[Í		
(5) Chuck Williams, Secretary	2		-	-	-		├			
(5) Chuck Williams, Secretary		-	1							
(6)	 	 	•	 	-		╁┈	 		
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(7)	 		-	-			\vdash			
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(13)	↓	ł								
	 	<u> </u>	<u> </u>	ļ	_	 	<u> </u>			
(14)		1]							

Form 99					_									Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C)														
	(A) (B) Position (D)					(E)	/ E							
	Name and title	Average			neck more than on as person is both a				Reportable	Reportab	le l		(F) mated	1
	Tallo dila Villo	hours per					or/trusi		compensation	compensation	tion from ed ations		ount of	
		week (list any hours for	요글	5	Q	~	9 =	77	from the	related organization	200		ther ensatio	0.0
		related	함	E E	Officer	₩ •	함	Former	organization	(W-2/1099-N			m the	OI1
		organizations below dotted	cto	ğ		Key employee	8 8	=	(W-2/1099-MISC)				nizatioi	
		line)	Individual trustee or director	함	1	ye.	ğ	l	}		ł		related lization	
			60	Institutional trustee			Highest compensated employee							
(15)					_	-	8	-						
(16)						_								
(17)		-		ļ	-	<u> </u>		-	<u> </u>		_			
		<u></u>				_								
(18)							:							
(19)														
(20)														
(21)						-								
(22)				-	-	-		-			-			
(23)					_	_		_						
		 				_		_						·
(24)														
(25)		ļ							,					
1b	Sub-total				•				36,663.00					
С	Total from continuation sheets to Part	VII, Sectio	n A					▶						
d	Total (add lines 1b and 1c)	<u> </u>	<u> </u>	<u>.</u>		<u> </u>		<u> </u>	36,663.00					
2	Total number of individuals (including bureportable compensation from the organ		l to th	ose	e list	ed	above	e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former o	fficer direc	tor o	r tr	nieti	20	kev e	amr	Novee or high	est compe	neated		Yes	No
3	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	ınd	ıvid	Jal					3		1
4	For any individual listed on line 1a, is the	e sum of re	portal	ole (con	npe	nsatio	n a	nd other comp	ensation from	om the		ĺ	
	organization and related organizations	greater that	an \$1	150,	JUUL)? [r "Ye	s, "	complete Sch	edule J to	r sucn			لبا
_	individual				Han	٠			· · · · ·	 .atiam au ina	 انتخابیما	4	 	↓ ✓ –
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	·_·	5	 	1
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Re													ax
	year. (A) (B)								(C)					
	Name and business address Description of services Compet									ompens	ation			
										_				
								-						
2	Total number of independent contractor	ors (includia	na bu	ıt n	ot	limit	ed to) th	nose listed abo	ava) who				
~	received more than \$100,000 of compens							. til	ioco api	JVE) WITE				

Part VIII		Statement of Reve		0 500	Part VIII				
		Check if Schedule C	Contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Tts	1a	Federated campaigns	s	1a	1200.00				
our our	Ь	Membership dues .		1b			:		
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events .		1c					
Gift ar	d	Related organizations		1d			:		
Simi	e	Government grants (cor		1e					
tior er S	f	All other contributions, g							
章奏		and similar amounts not inc		1f	2394.00				
ם ק	g	Noncash contributions inclu							
<u>5 6</u>	h	Total. Add lines 1a-1	lf . , .	-		3594.00		_ -	
nge -					Business Code			· 	
eVe	2a	study abroad program				102,047.15		·	102,047.15
e E	b	educational public tou	irs 			76,071.52			76,071.52
ξ	C								
အွ	d				<u> </u>	 +		 -	
Program Service Revenue	e	All other masses as			}				
	7	All other program ser							1
	3	Total. Add lines 2a-2 Investment income				·			T
	"	and other similar amo					1		
	4	Income from investmen	-		ļ.				
	5	Royalties		•	· ·	194.77			194,77
		noyanes	(i) Rea		(ii) Personal			·	104.77
	6a	Gross rents	 						
	b	Less: rental expenses							
	C	Rental income or (loss)				1			
	d	Net rental income or	(loss) .		>		···		
	7a	Gross amount from sales of	(i) Securi		(ii) Other				
	i	assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses .							
	C	Gain or (loss)							
	di	Net gain or (loss) .			▶				
aune	8a	Gross income from forevents (not including \$	undraising						
Other Revenue		of contributions report See Part IV, line 18							
ŧ	ь	Less: direct expense		_					
0	1	Net income or (loss)							
	9a	Gross income from g		nties.					
	b	Less: direct expense	s	. b					
	C	Net income or (loss)	from gamir	ng acti	vities ▶				
	10a	Gross sales of in returns and allowance	•	less · a					
	b	Less: cost of goods s							
	<u>c</u>			of inv					
		Miscellaneous F	Revenue		Business Code		. 		
	11a				<u> </u>			L	
	b	***************************************		<u>-</u>	ļ		·		
	C						 		
	d	All other revenue .		-	L		-		
	е	Total. Add lines 11a-			🏲				
	1 12	Total revenue See in	Detri ictions	-	• 1	191 007 44			178 313 44

	0 (2017)				Page 10
	Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must com	aplata all columns. Al	Il other erganization	o must complete cal	······· (4)
Sectio	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	918.33	918.33		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Ben efits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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	Oth er salaries and wages	36,663.00		36,663.00	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4171.45		4171.45	
10	Payroll taxes	7284.00		7284.00	
11	Fees for services (non-employees):				
a	Management	12,300.00		12,300.00	
b	Legal		. <u></u>	<u>-</u>	
c d	Accounting	l			
e	Professional fundraising services. See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2622.26		2622.26	
13	Office expenses	4127.37		4127.37	
14	Information technology	1581.60		1581.60	
15	Royalties				
16	Occupancy	7655.33		7655.33	
17 18	Travel	1933.73		1933.73	
10	for any federal, state, or local public officials			į	
19	Conferences, conventions, and meetings .				
20	Interest	2553.65		2553.65	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Bank and credit card processing fees	2097.02		2097.02	
b	Professional memberships	220.00		220.00	
C	Study abroad programs	69,898.72	69,898.72		
d	Educational tour programs	52,106.31	52,106.31		
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	206,132.77	122,923.36	83,209.41	
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)	200,102.11	1 22,32.4.40	00,200,41	

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	29,785.35	1	5615.25
	2	Savings and temporary cash investments	188.06	2	132.83
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	 	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
10	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ets	_				
Assets	7	Notes and loans receivable, net	<u> </u>	7	
٩	8	Inventories for sale or use		9	
!	9 10a	Prepaid expenses and deferred charges		9	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments – publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	29,973.41	16	5748.08
	17	Accounts payable and accrued expenses	20,010.11	17	0140.00
	18	Grants payable		18	
	19	Deferred revenue		19	•
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	······
g	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
يق		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties [23	
	24	Unsecured notes and loans payable to unrelated third parties [24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.00	26	0.00
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
šše	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets or	33	Total net assets or fund balances	29,973.41		5748.08
_	34	Total liabilities and net assets/fund balances	29,973.41	34	5748.08
					Form 990 (2017)

Page	1	2
raye		_

Part	XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI		,		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			907.44
2	Total expenses (must equal Part IX, column (A), line 25)	2		206,	132.71
3	Revenue less expenses. Subtract line 2 from line 1	3		-24,2	225.32
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		29,9	973.40
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	<u> </u>	57	748.08
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other		_	1	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	in		
	Schedule O.			ļ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	<u> </u>	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled (or		
	reviewed on a separate basis, consolidated basis, or both:		İ		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ	ļ	
b	Were the organization's financial statements audited by an independent accountant?		. 2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ea on	a		
	separate basis, consolidated basis, or both:			İ	
	Separate basis Consolidated basis Both consolidated and separate basis			 	 J
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account				١,
	If the organization changed either its oversight process or selection process during the tax year, ex			 	-
	Schedule O.	фіант			
0-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in	 	
За	the Single Audit Act and OMB Circular A-133?	iorui i	[,
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	rac +h	· 3a	╁	
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	Toganios ason or addito, explain why in contoguic o and describe any steps taken to undergo such a			<u>aan</u>	(2017)
			LOL	550	/ (EUI/)

SCHEDULE A (Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Employer identification number

aya	EX	ploration Center						<u>85707 </u>	
Pai		Reason for Public Char						ns.	
he c	orga	anization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)		~ ~1
1		A church, convention of church	nes, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).		
2		A school described in section	170(b)(1)(A)(ii), (Attach Schedule E (F	orm 990	or 990-E2	Z).)		
3		A hospital or a cooperative hos		•					•
Λ		A medical research organization						iii). Ent	er the
_		hospital's name, city, and state	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,		,
=	_	An organization operated for t		nollogo or university	owned o		d by a gavernment	al unit	dooribed in
5		section 170(b)(1)(A)(iv). (Comp	olete Part II.)			-	-	ai uriit	described in
6		A federal, state, or local govern							
7		An organization that normally			port from	a goven	nmental unit or from	the g	eneral public
		described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)					
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9		An agricultural research organi	zation described	l in section 170(b)(1)	(A)(ix) on	erated in	conjunction with a la	and-ora	ant college
		or university or a non-land-grauniversity:	nt college of agri	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the co	llege or
10	7	An organization that normally r	eceives: (1) more	e than 331/3% of its su	pport fro	m contril	outions, membership	o fees.	and gross
		receipts from activities related support from gross investment acquired by the organization a	to its exempt fui income and uni	nctions—subject to co related business taxal	ertain exc ble incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 331/39	% of its
	_	, , ,		•		•	•		
11		An organization organized and	•	•	•				
12	L_	An organization organized and							
		of one or more publicly suppo							
		Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	s 12e,	12t, and 12g.
а	ı	☐ Type I. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppoi	rted organization(s),	typical	ly by giving
		the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t	he directors or trust	ees of t	the
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.				
b	•	Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), b	v having
-		control or management of							
		organization(s). You must				рогоопо	indication of man	ago inc	Capportoa
		Type III functionally integ	-			onnoction	with and functions	allar into	aratad with
C	;	its supported organization(s) (see instructio	ns). You must comp l	lete Part	IV, Secti	ons A, D, and E.	_	-
C		Type III non-functionally i							
		that is not functionally integ						d an at	tentiveness
		requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	ınd D, ar	nd Part V.		
e	•	☐ Check this box if the organ	ization received	a written determination	on from th	ne IRS tha	at it is a Type I. Type	e II. Tvo	e III
		functionally integrated, or 7							
f	F	Enter the number of supported o		-		-			[
		Provide the following information	about the supp	orted organization(s)				•	L
		 				rganization	44 Amount of managers	6.5	Amount of
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		r governing	(v) Amount of monetary support (see		support (see
				above (see instructions))	docui	ment?	instructions)	l .	structions)
			1						
					Yes	No			
A)		}			1				
					L				
B)					ļ				
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~									
C)					}				
					 		·		
D)			1		l				
					 				
E)					1				
				<u> </u>	}			<u> </u>	
Ota	<u>ıl _</u>				L				

Part							
	(Complete only if you checked the						alify under /
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(1)0040	# \ 0014	(a) 2015	(-1) 0040	(1) 0047	10/T 11
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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			ļ	/		<u> </u>
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)			A Townson			
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		/	ļ			
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 carried on	1					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	ļ		<u> </u>	<u> </u>		
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	n's first, secor				
Sect	ion C. Computation of Public Suppor						
14	Public support percentage for 2017 (line			11, column (f))		14	%
15	Public support percentage from 2016 Scl	hedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2017. If the organ box and stop here. The organization qua	ilifies as a publ	licly supported	dorganization			▶ 🖪
b	331/3% support test—2016. If the organithis box and stop here. The organization	ization did not qualifies as a	check a box of publicly support	on line 13 or 16 orted organizat	Sa, and line 15 ion	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	eets the "facts "facts-and-circ	-and-circumst :umstances" to	tances" test, cl est. The organi	heck this box ization qualifie	and stop here s as a publicly	. Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization is supported organization.	ation meets the meets the "fac	ne "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and a tion qualifies as	stop here. a publicly
18	Private foundation. If the organization dinstructions	id not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

1	scnea
ı	Part

Secti

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5a

b

с 6

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9a

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С

10a

b

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.)

alen	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 5515					
	received. (Do not include any "unusual grants.")	5524	5200	2550	1450	3594	18,318
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	250,181	208,251	252,525	318,925	178,119	1,208,001
3	Gross receipts from activities that are not an unrelated trade or business under section 513	250,181	200,231	232,323	310,925	170,119	1,200,001
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5	255,706	213,461	255,075	320,375	181,713	1,226,330
	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						
8 8	Add lines 7a and 7b						1,226,39
ecti	on B. Total Support						
alen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	255,706	213,451	255,075	320,375	181,713	1,226,330
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b [
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	255,706	213,451	255,075	320,375	181,713	1,226,330
14	First five years. If the Form 990 is for the organization, check this box and stop her	'e			•	ar as a section	
	on C. Computation of Public Suppor			2 a a luman (f)\		146	
15	Public support percentage for 2017 (line 8		•			15	<u>%</u>
16	Public support percentage from 2016 Sch			· · · · · ·		10	
ecti	on D. Computation of Investment Inc Investment income percentage for 2017 (I			(line 12 colum	on (fl)	17	%
47	invesiment income percentage for 2017 ()	ine ruc, colum	iii (i) aiviaea b)	/ iiiie 13, colun	III (1 <i>))</i>		
17 18	Investment income percentage from 2016		Part III lina 17			18	%

line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supporting Organizations**

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

Section	A. All	Supporting	Organizations
---------	--------	------------	---------------

ecti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
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.			
С	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.	3b 3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in 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.	9c		
i0a	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 10b below.	10a		

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.)

10b

	V Supporting Organizations (continued)		 -	age
Part	Supporting Organizations (continued)		Yes	Na
44	Has the organization accepted a gift or contribution from any of the following persons?	Γ—	165	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
а	below, the governing body of a supported organization?	11a		
_	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	on B. Type I Supporting Organizations	110		
Secu	on B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
ı	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		i	
	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,	j .		j
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	į		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		i—J
Secti	on C. Type II Supporting Organizations		Щ	
OCOL	On O. Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	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		
Secti	on D. All Type III Supporting Organizations	<u> </u>		
0001	On Dividing organization		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	
•	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)]	i l
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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	1	i	}
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	netni	ction	
1		,,,,,,,	CUOII	3).
a	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.	'aaa ia		\
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (o cc III	อน <i>น</i> เปเ	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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,	1	} `	[
	how the organization was responsive to those supported organizations, and how the organization determined	Į	1	
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	{	
	reasons for the organization's position that its supported organization(s) would have engaged in these	_	L	
	activities but for the organization's involvement.	2b	1	ļ,
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ĺ	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	I	
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.	3b		L

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

Part '		3) Supporting Organi	zations (continued)	-
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		·	
8	Distributions to attentive supported organizations to whic	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		*	
	Applied to 2017 distributable amount			
j	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	· ·		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b				
c	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

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.)

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SCHEDULE O (Form 990 or 990-EZ)

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.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
Maya Exploration Center	11-3685707
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Part IV	
Section A. 2. Two members of the board are related - Edwin and Frederic Barnhart are brothers	
Section A. 6. MEC offers paid annual membership to interested parties who recieve member only gifts and discounts	
Oction A. C. MES offer paid annual membership to interested parties who restore member only give and discount	
Section B. 11a. Form 990 and all accompanying materials are provided to officers as soon as they are completed each year	
Section B. 19. Financial documents are available for review upon written or electronic request. A Director will mail or email deliver the	
requested financial information	
PART VIII	
5. Royalties - Amazon Affliates Program payments for 5% of all sales driven to amazon.com through links on our website	
3. Hovalides - Alliabot Athlace / Togram paymone for 0/6 of an sales africante aniazonicom anough mike on our website	
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