			** PUBLIC DISCLOSURE	COPY **		OMB No. 1545-0047
Forr	" <b>9</b> 9	90-EZ	Return of Organization Exemp	ot From Income	e Tax	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Reve			2021
			Do not enter social security numbers on this for	orm as it may be made ou	blic	
		of the Treasury enue Service	on.	Open to Public Inspection		
A	For the	e 2021 calendar	r year, or tax year beginning	and ending		
B	Check if applicab	C No	ame of organization		D Employer ide	entification number
, _	-i -	ess change				
	7		DGAR CAYCE FOUNDATION		54-05	38204
	Initial	I return Num	ber and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n	umber
		return/ 21	L5 67TH STREET		757-4	28-3588
	Amer	nded return City	or town, state or province, country, and ZIP or foreign postal code		F Group Exem	ption
	Applic	ation pending <b>V</b>	IRGINIA BEACH, VA 23451-2061		Number 🕨	
		nting Method:	☐ Cash X Accrual Other (specify) ►		H Check	if the organization is
			EDGARCAYCE.ORG		not required	to attach Schedule B
<u>J</u> .	Tax-ex	empt status (ch	(neck only one) - X 501(c)(3) 501(c) ( ) (neck only one)	4947(a)(1) or 527	(Form 990).	
		of organization:	· · · · · · · · · · · · · · · · · · ·	Other		
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 o			
<u> </u>	columr	1 (B)) are \$500,0	000 or more, file Form 990 instead of Form 990-EZ		• •	41,814.
Pa	art I			•		
			organization used Schedule O to respond to any question in this Part I			
	1		gifts, grants, and similar amounts received			38,137.
	2					
	3	Membership di	ues and assessments		3	2,253.
	4		omeSI			4,455.
	5a		from sale of assets other than inventory	5a 1,4	24.	
			ther basis and sales expenses		5c	1,424.
	6 C	. ,	ndraising events:		50	1,1210
	-	-	from gaming (attach Schedule G if greater than			
anı	a 🛛		non ganning (attach ochedule on greater than	6a		
Revenue	h		from fundraising events (not including \$	of contributions		
Re	"		ng events reported on line 1) (attach Schedule G if the sum of such			
			and contributions exceeds \$15,000)	6b		
	c		penses from gaming and fundraising events			
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and su		6d	
	7a		inventory, less returns and allowances			
	b		oods sold			
	c		(loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue	(describe in Schedule O)		8	
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			41,814.
	10		nilar amounts paid (list in Schedule 0)			
	11		o or for members			
es	12	Salaries, other	compensation, and employee benefits		12	48,871.
Expenses	13		es and other payments to independent contractors			
, xpe	14		nt, utilities, and maintenance			
ш	15		cations, postage, and shipping			10 105
	16		s (describe in Schedule O)	SCHEDULE O	16	19,107.
	17		s. Add lines 10 through 16			67,978.
ts	18	Excess or (defi	icit) for the year (subtract line 17 from line 9)		18	-26,164.

Forn	1 990-EZ (2021) EDGAR CAYCE FOUNDATION			54-	05382	<b>04</b> Page <b>2</b>
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	ond to any question	in this Part II			X
		(	A) Beginning of year		<b>(B)</b> E	nd of year
22	Cash, savings, and investments		229,709	• 22		212,920.
23	Land and buildings		82,518	• 23		75,849.
24	Other assets (describe in Schedule 0) SEE SCHEDULE O		914	_		914.
25	Total assets		313,141	• 25		289,683.
26	Total liabilities (describe in Schedule O)		0			0.
27			313,141			289,683.
	art III Statement of Program Service Accomplishment			• [2]		
	Check if the organization used Schedule O to resp	<b>`</b>	,	X		penses for section
		ond to any question	III UIIS Fait III	Δ	501(c)(3)	and 501(c)(4)
	t is the organization's primary exempt purpose? <u>SEE SCHEDULE O</u>				organization others.)	ons; optional for
	ribe the organization's program service accomplishments for each of its three largest program se her, describe the services provided, the number of persons benefited, and other relevant informati		In a clear and concise		others.)	
		ion for each program the.				
28	SEE SCHEDULE O					
	(Grants \$) If this amount includes foreign g	rants, check here	🕨		28a	67,978.
29						
	(Grants \$ ) If this amount includes foreign g	rants. check here		$\square$	29a	
30	(		·····			
		uente elecció le cue	<b>`</b>		20.0	
	(Grants \$) If this amount includes foreign g				30a	
	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign g	rants, check here	····· •		31a	67.070
<u>32</u>	Total program service expenses (add lines 28a through 31a)			🕨	32	67,978.
	1 IV List of Officience Division Trustees and Kay Fr					
Pa	art IV List of Officers, Directors, Trustees, and Key En	nployees (list each one e	even if not compensated - s	ee the i	nstructions for	
Pa	Ist of Officers, Directors, Trustees, and Key En           Check if the organization used Schedule O to resp	nployees (list each one e	even if not compensated - s	ee the i	nstructions for	r Part IV) <b>X</b>
Pa	art IV List of Officers, Directors, Trustees, and Key En	nployees (list each one e pond to any question (b) Average hours	in this Part IV	ee the i	alth benefits,	(e) Estimated
Pa	art IV List of Officers, Directors, Trustees, and Key En	nployees (list each one e bond to any question (b) Average hours per week devoted to	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	ee the i	alth benefits, ibutions to byee benefit	(e) Estimated amount of other
Pa	<b>art IV</b> List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp	nployees (list each one e pond to any question (b) Average hours	ven if not compensated - s in this Part IV (C) Reportable compensation (Forms	ee the i	alth benefits, ibutions to	(e) Estimated
	<b>art IV</b> List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp	nployees (list each one e bond to any question (b) Average hours per week devoted to	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	ee the i	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
DO	Ist of Officers, Directors, Trustees, and Key Enclose         Check if the organization used Schedule O to resp         (a) Name and title	nployees (list each one e bond to any question (b) Average hours per week devoted to	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	ee the i	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
DO TR	art IV       List of Officers, Directors, Trustees, and Key En         Check if the organization used Schedule O to resp         (a) Name and title         UG       KNUEVEN	<b>mployees</b> (list each one e pond to any question (b) Average hours per week devoted to position	ven if not compensated - s in this Part IV (C) Reportable compensation (Forms W-2/1099-NISC/ 1099-NEC) (if not paid, enter -0-)	ee the i	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
DO TR GO	art IV       List of Officers, Directors, Trustees, and Key En         Check if the organization used Schedule O to resp         (a) Name and title         UG KNUEVEN         USTEE, BOARD CHAIR	nployees (list each one e bond to any question (b) Average hours per week devoted to position 1.25	ven if not compensated - s in this Part IV (C) Reportable compensation (Forms W-2/1099-NISC/ 1099-NEC) (if not paid, enter -0-)	ee the i	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
DO TR DO TR DO TR DO TR	art IV       List of Officers, Directors, Trustees, and Key En         Check if the organization used Schedule O to resp         (a) Name and title         UG KNUEVEN         USTEE, BOARD CHAIR         RGIANA ALONZO         USTEE	<b>mployees</b> (list each one e pond to any question (b) Average hours per week devoted to position	ven if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	ee the i	alth benefits, ibutions to yoee benefit and deferred pensation 0.	(e) Estimated amount of other compensation
D TRO TRE	art IV       List of Officers, Directors, Trustees, and Key En         Check if the organization used Schedule O to resp         (a) Name and title         UG KNUEVEN         USTEE, BOARD CHAIR         RGIANA ALONZO         USTEE         SLIE CAYCE	It is teach one of to any question (b) Average hours per week devoted to position 1.25	ven if not compensated - s in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	ee the i	alth benefits, ibutions to yyee benefit and deferred pensation 0.	(e) Estimated amount of other compensation 0.
	art IV       List of Officers, Directors, Trustees, and Key En         Check if the organization used Schedule O to resp         (a) Name and title         UG KNUEVEN         USTEE, BOARD CHAIR         RGIANA ALONZO         USTEE         SLIE CAYCE         USTEE	nployees (list each one e bond to any question (b) Average hours per week devoted to position 1.25	ven if not compensated - s in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	ee the i	alth benefits, ibutions to yoee benefit and deferred pensation 0.	(e) Estimated amount of other compensation
DIFIGIFIERE	art IV       List of Officers, Directors, Trustees, and Key En         Check if the organization used Schedule O to resp         (a) Name and title         UG KNUEVEN         USTEE, BOARD CHAIR         RGIANA ALONZO         USTEE         SLIE CAYCE         USTEE         RNIE COOMES	It is teach one of point to any question (b) Average hours per week devoted to position 1.25 1.25 1.25	ven if not compensated - s in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	ee the i	alth benefits, ibutions to yyee benefit and deferred pensation 0 . 0 .	(e) Estimated amount of other compensation 0. 0.
	art IV       List of Officers, Directors, Trustees, and Key En         Check if the organization used Schedule O to resp         (a) Name and title         UG KNUEVEN         USTEE, BOARD CHAIR         RGIANA ALONZO         USTEE         SLIE CAYCE         USTEE         RNIE COOMES         USTEE	It is teach one of to any question (b) Average hours per week devoted to position 1.25	ven if not compensated - s in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	ee the i	alth benefits, ibutions to yyee benefit and deferred pensation 0.	(e) Estimated amount of other compensation 0.
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	art IV       List of Officers, Directors, Trustees, and Key En         Check if the organization used Schedule O to resp         (a) Name and title         UG KNUEVEN         USTEE, BOARD CHAIR         RGIANA ALONZO         USTEE         SLIE CAYCE         USTEE         RNIE COOMES         USTEE         RDELLA DENWIDDIE         USTEE	It is teach one of point to any question (b) Average hours per week devoted to position 1.25 1.25 1.25	ven if not compensated - s in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	ee the i	alth benefits, ibutions to yyee benefit and deferred pensation 0 . 0 .	(e) Estimated amount of other compensation 0. 0.
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	art IV       List of Officers, Directors, Trustees, and Key En         Check if the organization used Schedule O to resp         (a) Name and title         UG KNUEVEN         USTEE, BOARD CHAIR         RGIANA ALONZO         USTEE         SLIE CAYCE         USTEE         RNIE COOMES         USTEE         RDELLA DENWIDDIE         USTEE         ARON JAMES FAZEL         USTEE         NITA M. KING         USTEE         VIN REGER	mployees (list each one e pond to any question (b) Average hours per week devoted to position 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25	ven if not compensated - s in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	ee the i	alth benefits, ibutions to yee benefit and deferred 0. 0. 0. 0. 0. 0. 0.	X           (e) Estimated amount of other compensation           0.
	Art IV       List of Officers, Directors, Trustees, and Key En         Check if the organization used Schedule O to resp         (a) Name and title         UG KNUEVEN         USTEE, BOARD CHAIR         RGIANA ALONZO         USTEE         SLIE CAYCE         USTEE         RNIE COOMES         USTEE         RDELLA DENWIDDIE         USTEE         ARON JAMES FAZEL         USTEE         NITA M. KING         USTEE         VIN REGER         USTEE	mployees (list each one e pond to any question (b) Average hours per week devoted to position 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25	ven if not compensated - s in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	ee the i	alth benefits, ibutions to yee benefit and deferred 0. 0. 0. 0. 0. 0. 0.	X           (e) Estimated amount of other compensation           0.
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	Art IV       List of Officers, Directors, Trustees, and Key En         Check if the organization used Schedule O to resp         (a) Name and title         UG KNUEVEN         USTEE, BOARD CHAIR         RGIANA ALONZO         USTEE         SLIE CAYCE         USTEE         RDELLA DENWIDDIE         USTEE         ARON JAMES FAZEL         USTEE         NITA M. KING         USTEE         VIN REGER         USTEE         NNY SANCHEZ         USTEE         RIANNE SPLENDA         USTEE	mployees (list each one e pond to any question (b) Average hours per week devoted to position 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25	ven if not compensated - s in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	ee the i	alth benefits, ibutions to yyee benefit and deferred 0. 0. 0. 0. 0. 0. 0. 0. 0.	X           (e) Estimated amount of other compensation           0.
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	art IV       List of Officers, Directors, Trustees, and Key En         Check if the organization used Schedule O to resp         (a) Name and title         UG KNUEVEN         USTEE, BOARD CHAIR         RGIANA ALONZO         USTEE         SLIE CAYCE         USTEE         RNIE COOMES         USTEE         RDELLA DENWIDDIE         USTEE         ARON JAMES FAZEL         USTEE         NITA M. KING         USTEE         VIN REGER         USTEE         NNY SANCHEZ         USTEE         RIANNE SPLENDA         USTEE         ANNE STANFORD         USTEE	mployees (list each one e pond to any question (b) Average hours per week devoted to position 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25	ven if not compensated - s           in this Part IV           (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)           0.	ee the i	alth benefits, ibutions to yyee benefit and deferred 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	X           (e) Estimated amount of other compensation           0.
	art IV       List of Officers, Directors, Trustees, and Key Enclose         Check if the organization used Schedule O to resp         (a) Name and title         UG KNUEVEN         USTEE, BOARD CHAIR         RGIANA ALONZO         USTEE         SLIE CAYCE         USTEE         RNIE COOMES         USTEE         RDELLA DENWIDDIE         USTEE         ARON JAMES FAZEL         USTEE         NITA M. KING         USTEE         VIN REGER         USTEE         NNY SANCHEZ         USTEE         RIANNE SPLENDA         USTEE         ANNE STANFORD         USTEE	Imployees         (list each one e           cond to any question         (b) Average hours           per week devoted to         position           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25	Open         Open           0.         0.	ee the i	alth benefits, ibutions to yyee benefit and deferred 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	X           (e) Estimated amount of other compensation           0.
	art IV       List of Officers, Directors, Trustees, and Key En         Check if the organization used Schedule O to resp         (a) Name and title         UG KNUEVEN         USTEE, BOARD CHAIR         RGIANA ALONZO         USTEE         SLIE CAYCE         USTEE         RNIE COOMES         USTEE         RDELLA DENWIDDIE         USTEE         ARON JAMES FAZEL         USTEE         NITA M. KING         USTEE         VIN REGER         USTEE         NNY SANCHEZ         USTEE         RIANNE SPLENDA         USTEE         ANNE STANFORD         USTEE	Imployees         (list each one e           oond to any question         (b) Average hours           (b) Average hours         per week devoted to           position         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25           1.25         1.25	ven if not compensated - s           in this Part IV           (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)           0.	ee the i	alth benefits, ibutions to yyee benefit and deferred 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	X           (e) Estimated amount of other compensation           0.

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30     Did the organization expanse in any significant activity not previously reported to the IRS9 If Yes, "provide a detailed description of each activity in Sthedule D     33     X       33     Did the organization expanse in any significant activity not previously reported to the IRS9 If Yes, "provide a detailed description of each activity in Sthedule D     33     X       34     Were any significant charge as Schedule C. Sex instructions     34     X       35     Did the organization have interpretations receive of \$1,000 or more during the year from basiness activities (sex) as those reported on instructions as each on St(1)(4),001(5)(5), or provides an explanation in Schedule D     35       36     Were any significant activity in the interpretations of \$1,000 or more during the year from basiness activities (sex) as those reported and the interpretation in Schedule D     36       37     X     36     X       38     Did the organization interfere in the interpretation in Schedule D     38     X/A       39     Prove and schedule in particity in the interpretation in Schedule D     38     X       39     Prove any schedule interpretation, dissolity interpretation in the interpretation in a schedule interpretation inter	Pa	<b>rt V</b> Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
33       Definition of a set of a		, , , , , , , , , , , , , , , , , , , ,			
activity is Schedule 0       is it was an effect of the organization or governing documents? If Ves,* attach a conformed copy of the amended documents if they reflect a change to the organization is active Site (Ves, 50 (Ce)) or governing documents? If Ves,* attach a conformed copy of the amended documents if they reflect a change to the organization is science of \$1,000 or more during the year from business activities (such as those reported on times 2, isa, had 7a, among others?)       isa       X         56       Did the organization here organization filed a Form 920 - Tor the year? If Yes, "provide an explanation in Schedule 0       isa       X         58       Did the organization a section Site (Vel), So (Ce)(s) organization salpect to section 023(s) notect, reporting, and proxy tax requirements during the year? If Yes," complete applicable parts of Schedule 0, Part III       isa       X         39       Text amound to folical apenditure, direct a to described in the instructions       jsta       X         30       Did the organization file of the tax year covered by this return?       jsta       N/A         39       Section S01(c(2)) organizations. Enter amount of the tax year covered by this return?       jsta       N/A         39       Section S01(c(2)) organizations. Enter amount of tax imposed on the sorganization and year atter.       jsta       N/A         39       Section S01(c(2)) organizations. Enter amount of tax imposed on the sorganization and year atter.       jsta       N/A         40       X       Section S01(c(2), S01(c(4)	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes " provide a detailed description of each			
44         We any significant changes made to the organization cancend bit 11 "est, statch a conformed copy of the amended documents fill write yields a change to the organization reace. Otherwise, spacing the change of Statch a conformed copy of the amended corrent site fill write write and statch as graves attributes. Such as these reported on the site site of the organization reace of \$1,000 or more during the year from business activities (such as these reported on the site. Statch as the organization statch (s), or 501(c)(5) or 501(c			33		x
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions       34       X         35 on there 2, 6s, and 7s, among others)?       35s, in the organization is deviced builts of the composition of the very 1'f Na; provide an explanation in Schedule O.       35s, in X         36 W Yes to line S3s, has the organization filed a Form 930-T for the year? If Na; provide an explanation in Schedule O.       35s, in X/A         37s       Was the organization ascends of 0(c)(4), sol1(c)(5), sol1(c)(5), or 501(c)(6), organization subject to section 0005(2) notice, reporting, and proxy tax requirements during the year? If Yes; 'complete Schedule C, Part II       35s       X         38s       Did the organization sectors of 0(c)(4), sol1(c)(5), or 501(c)(6), organization of the tassets during the year? If Yes; 'complete Schedule C, Part II       35s       X         38s       Did the organization betwoet more marke any loans to, any officer, finister, rustee, or key employer; or wore any such loans made in a prov yara and still oxistanding at the end of the tax year covered by this relurin?       35s       N/A         38s       Did the organizations. Finier amount for X imposed on the organization enapse in any section 455s b       0       .         38s       O.       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Effer amount of tax imposed on ine 402 releases during the year with the section 450 b       0       .         38s       C/TH SC.       Schedub E/C/TH SC.       Dif C/TH SC.	34				
35.0       Difference of the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, anong others)?       35.0       X         b       If Yea's to line 33a, has the organization life a Form 990-1 for the year? If No, 'provide an explanation in Schedule 0       35.0       X         c       Was the organization action 501(c)(h, 501(c)(s), or 501(c)(s) organization subject to section 6530(s) rotice, reporting, and proxy tax requirements for indirect, as described in the instructions       36.0       X         36       X       36.0       X       36.0       X         37       Exta anount of policial expandituses, direct or indirect, as described in the instructions       37.0       X       38.0       X         38       Diff the organization here on taba anount involved       38.0       N/A       38.2       X         39       Section 501(c)(7) organizations. Enter:       38.0       N/A       38.2       X         30       Section 501(c)(3) organizations. Enter       38.0       N/A       38.2       X         30       Section 501(c)(3) organizations. Enter       0.1       39.0       N/A       38.2       X         31       Via Yeas, complete Schedule 1, Part 1, and enter the total anount involved       0.1       39.0       N/A       38.2       X			34		x
	35 a				
b If Yesh to line 35a, has the organization filed a form 900-T for the year? If Yes, 'ronghold anglination a section 903(e) notice, reporting, and proxy tax 'rong irremaints during the year? If Yes, 'complete 3chedule 0, Part III.       35b.       N/A         36       Did the organization interfect and exclusion of significant disposition of ret assets during the year? If Yes, 'complet anglination parts of School IV.       36c.       X         37       Did the organization interfect and exclusion in the instructions in a proving and interfect and exclusion of the tassets during the year? If Yes, 'complet anglination barrow form, or make anglination and the organization have and Silo IV.       36c.       X         38       Did the organization interfect and exclusion interfect and exclusion of the same and Silo IV.       38a.       X         39       Section 501(c) organizations. Enter amount of tax imposed on the organization during the year under: exclusion 501(c)(3), contralictors. Enter amount of tax imposed on the organization during the year under: exclusion 501(c)(3), contralictors. Enter amount of tax imposed on the organization for a problem bar of tax imposed on the organization amount of tax imposed on the organization for tax imposed on the organization amount of tax imposed on the organization amount of tax imposed on the organization amount of tax imposed on the organization empage in any section 4595 to 20.       0.         30       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization tax imposed on organization amount of tax imposed on ergonization amount of tax imposed on the organization empage in any section 4595 to 20.       0.			35a		X
requirements during the year? If Yes, "complete Schedule C, Part III       36       X         36       Did the organization undergo a liquidation, dissolution, re-mination, or significant disposition of net assets during the year? If Yes,"       36       X         37       Enter amount of political expenditures, direct or indirect, as described in the instructions       17       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       37       21       0.       38       21       23       21       21       23       21       23	b		35b	N/	А
38       Did the organization underpo a liquidation, itermination, or significant disposition of net assets during the year? If "Yes,"       36         37       Enter amount of political expenditures, direct or indirect, as described in the instructions       137       18       18       18       18       18       18       18       18       18 <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
38       Did the organization underpo a liquidation, itermination, or significant disposition of net assets during the year? If "Yes,"       36         37       Enter amount of political expenditures, direct or indirect, as described in the instructions       137       18       18       18       18       18       18       18       18       18 <td< td=""><td></td><td>requirements during the year? If "Yes," complete Schedule C, Part III</td><td>35c</td><td></td><td>X</td></td<>		requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
37 a true anount of political expenditures, direct or indirect, as described in the instructions       ▶ 37 a true anount of political expenditures, direct or indirect, as described in the instructions       ▶ 37 a true anount of political expenditures, direct or indirect, as described in the instructions       > 37 b X         38 Did the organization birrom true, or make any locans to, any officer, director, trustee, or key employee, or were any such hears made in a prior year and still outstanding at the end of the tax year covered by this return?       38 b X/A         39 Section 501(c)(7) organizations. Enter       39 b N/A         30 Gross eccepts, included on line 9, the public use of club facilities       39 b N/A         30 Section 501(c)(3), 501(c)(4), and 601(c)(29) organizations. Enter anount of tax imposed on the organization during the year under: section 4911 b 0.; section 4955 b 0.       0.         31 B schorn 501(c)(3), 501(c)(4), and 601(c)(29) organizations. Enter anount of tax imposed on organization managers or digualitied persons during the year under: section 4912 b 0.; section 4955 b 0.       0.         40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax inposed on organization managers or digualitied persons during the year under sections 4912 a b 0.       0.       .         41 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax infores on ine 400 relimbursed by the organization for 4058 b 0.       0.       .         42 List the states with which a cong or the policities between the another organization maintain an aption organization maintain an aption parametis for FinCEN Form 114, Repo	36				
b (b) the organization file Form 1120-POL for file year?       37b       X         38a       b) (b) the organization borev form, or make any basis (b, any officer, director, trustee, or key employed; or were any such lears made       38a       X         38a       b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		complete applicable parts of Schedule N	36		X
b (b) the organization file Form 1120-POL for file year?       37b       X         38a       b) (b) the organization borev form, or make any basis (b, any officer, director, trustee, or key employed; or were any such lears made       38a       X         38a       b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	,		
in a prior year and still outstanding at the end of the tax year covered by this return?       380       N/A         b If Yes, 'complete Schedule L, Part II, and enter the total amount involved       380       N/A         382       X         40       Section 501(c)(7) organizations. Enter       380       N/A         40       Section 501(c)(3) organizations. Enter       9       0       -         40       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       9       0       -         section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       0       -       -         section 501(c)(3) organizations. Enter amount of tax imposed on organizations may early deSS excess benefit transaction during the year, or did it engage in an secost backs benefit transaction and prior year that has not been reported on any of its prior Forms 900 or 900-E2? If Yes', complete Schedule L, Part I       -			37b		X
b       If "Yes," complete Schedule L, Part II, and enter the total amount involved       388       N/A         39       Section 501(c)(7) organizations. Enter:       398       N/A         30       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       398       N/A         30       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4956       0.         section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956       0.         of is pinor forms 990 or 90-E27 if Yes; "complete Schedule L, Part I       400       X         cestion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages or disputing the year under: section 4912       0.       .         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8806-T       0.       .       .       .         41       List the states with which a copy of this return is filed by VA       X       Yes 'No       .       <	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
39       Section 501(c)(7) organizations. Enter:       39a       N/A         a Initiation fees and capital contributions included on line 9       39b       N/A         39       Bestion 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       39b       N/A         40       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 90 or 990-272 If Yes; complete Schedule I, Part I       40b       X         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. And soft (b)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and soft (b)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations of and soft (b)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization sokar are line and soft (b) (29) organizations. Enter amount of tax on line 40c reimbursed by the organization sokar are line action of b DENISE FURGASON       0.       40e       X         41       List the states with which a copy of this return is filed by VA       215       67TH STREET, VIRGINIA BEACH, VA       21P + 4 b 23451         42       The organization shocks are lorgin country (such as a bank account, or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial Accounts in foreign country (such as a bank account, securities account, or other financial Accounts in foreign country (such as a bank account, securities account, or other financial A			38a		X
a       Initiation fees and capital contributions included on line 9       39a       N/A         b       Gross receipts, included on line 9, for public use of cub facilities       0.; section 4911 ▶       0.; section 4912 ▶       0.; section 4912 ▶       0.;         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in ny section 4958 excess benefit transaction during the year, or did I engage in a excess benefit transaction in a provide to the properties of the p	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	_		
b       Gross receipts, included on line 9, for public use of club facilities       39b       N/A         40       Section 501(c)(3) granizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶       0.; section 4915 ▶       0.         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of tsp rior forms 90 or 902-271 M*gs: complete Schedule L, Part 1       40b       X         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitide persons during the year under sections 4912, 4955, and 4958       0.       40b       X         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitide persons during the year under sections 4912, 4955, and 4958       0.       40c       X         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization       0.       0.       1       40c       X         41       List the states with which a copy of this return is filed ► VA       Telephone no.       757 - 428 - 3588       23651         Located at P ≥15       OTH STREET, VIRGINIA BEACH, VA       ZIP + 4       23451       24a + 23451         A any time during the calendar year, did the organization maintain an office outside the Unitied States?       42a	39				
40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       0. ; section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.         b       Section 501(c)(3). 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any or its prior forms 990 or 990-E27 11 Yes; complete Schedule L, Part 1       40b       X         40b       X       Section 501(c)(3). 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization function gramizations. Enter amount of tax on line 40c reimbursed by the organization should be tax on line 40c reimbursed by the organization should be tax ware, was the organization a party to a prohibited tax shelter transaction? If Yes; complete Form 8886-T       40e       X         41       List the states with which a copy of this return is filed ▶ VA       Telephone no. ▶ 757-428-3588       Located at ▶ 215 6 7TH STREET, VIRGINIA BEACH, VA       Telephone no. ▶ 757-428-3588         42a       The organization books are in care of ▶ DENISE FURGASON       Telephone no. ▶ 757-428-3588       1       Ves No         42b       X1       Ist the states with which a copy of this return is filed ▶ VA       Yes No       2       2       X         42a       The organization books are in care of ▶ DENISE FURGASON       Telephone no. ▶ 757-428-3588       2       2       X       2       X			4		
section 4911 ▶       0.; section 4912 ▶       0.; section 4955 ▶       0.         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶       0.         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4912 (4955, and 4956) ▶       0.         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on 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       0.         d       All organizations books are in care or <b>&gt; DENISE FURGASON</b> Telephone no. <b>&gt; 757-428-3588</b> Located at <b>&gt; 215 67TH STREET</b> , <b>VIRGINIA BEACH</b> , <b>VA</b> ZIP + 4 <b>&gt; 23451</b> d       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 <b>&gt;</b> Yes         e       At any time during the calendar year, did the organization maintain an office outside the United States?       Yes         H "Yes," enter the name of the foreign country <b>&gt;</b> e       At any time during the calendar year, did the organization maintain an office outside the United States?          H "Yes," enter the name of the foreign country <b>&gt;</b> e       At any time duri	b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_		
b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did tengage in an excess benefit transaction in a prory year that has not been reported on any of this prior forms 990 or 990-6227 (I' Yes, 'Complete Schedule L, Part I         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.         d       Bection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and song time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 8886-7       0.         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 8886-7       40e       X         42a       The organization coupt of this return is filed ▶ VA       Telephone no. ▶ 757-428-3588       2.5         42a       The organization bave an interest in or a signature or other authority over a financial account in a foreign country ▶ URGASON       Telephone no. ▶ 757-428-3588       2.6         1       Yes       Norda       ZIP + 4 ▶ 23451       245       X         42b       X       X       ZIP + 4 ▶ 23451       245       X         1       Yes       Norda       ZIP + 4 ▶ 23451       X       24b <t< td=""><td>40 a</td><td></td><td></td><td></td><td></td></t<>	40 a				
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ if Yes," complete Schedule L, Part I • Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I       40b       X         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       0.         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization       0.       0.       0.         e All organization in the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T       0.       0.       0.         42a       The organization books are in care of ▶ DENISE FURGASON       Telephone no. ▶ 757-428-3588       215       571-428-3588         Located at > 215 671 H STREET, VIRGINIA BEACH, VA       ziP+4 ▶ 23451       23451       42b       X         42a       The organization managers or disquarkion have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, or other financial accounts (FBAR).       42c       X         f "Yes," enter the name of the foreign country >	b				
c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization       0.         e       All organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T       0.         1       List the states with which a copy of this return is filed ▶ VA       VA         21       Te organization's books are in care of ▶ DENLISE FURGASON       Telephone no. ▶ 757-428-3588         Located at ▶ 215 67TH STREET, VIRGINIA BEACH, VA       ZIP + 4 ≥ 23451         b       Atary time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account i a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).         c       At any time during the calendar year, did the organization maintain an office outside the United States?         If "Yes," enter the name of the foreign country					
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       ●       0.         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the 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       0.         41       List the states with which a copy of this return is filed ▶ VA       VA         421       List the states with which a copy of this return is filed ▶ VA       The organization's books are in care of b DENISE FURGASON       Telephone no. ▶ 757-428-3588         Located at ▶ 215       67TH STREET, VIRGINIA BEACH, VA       ZiP + 4 ▶ 23451         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 accounts (FBAR).       428       X         t "Yes," enter the name of the foreign country ▶			40b		X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization       ▲ 0.         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       X         41       List the states with which a copy of this return is filed ▶ VA       Telephone no. ▶ 757-428-3588       Located at ▶ 215 67TH STREET, VIRGINIA BEACH, VA       ZiP + 4 ▶ 23451         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 accounts (FBAR).       Yes No         eAt any time during the calendar year, did the organization maintain an office outside the United States?       1////////////////////////////////////	C				
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Located at ▶ 215 67TH STREET, VIRGINIA BEACH, VA       ZIP + 4 ▶ 23451         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 account)?       Yes No         If "Yes," enter the name of the foreign country ▶       42b       X         See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         If "Yes," enter the name of the foreign country ▶       43       X/A       42c       X         43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       N/A         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b Did the organization receive any payments for indoor tanning services during the year?       11" No," provide an explanation in Schedule 0       44d       X         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X       44d       45a       X       45a <td></td> <td></td> <td><u>, , , , , , , , , , , , , , , , , , , </u></td> <td><u> </u></td> <td></td>			<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority       Yes         over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes, "enter the name of the foreign country         If "Yes," enter the name of the foreign country	42 a				
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         If "Yes," enter the name of the foreign country			4343	<u> </u>	
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If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 440 440 440 440 440 440 440 4				162	
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c At any time during the calendar year, did the organization maintain an office outside the United States?       42c       X         If "Yes," enter the name of the foreign country					
If "Yes," enter the name of the foreign country       ▶         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       ▶       43       N/A         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       ¥4a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       ¥4a       X         c       Did the organization receive any payments for indoor tanning services during the year?       ¥4c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       ¥4d       ¥4d         45a       Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       ¥5b       If	~		400		x
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b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44b       X         of Form 990-EZ       44c       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       44d         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45b       45b	τ d		44.2		x
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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions			τJa		<b>—</b>
	U		45h		
				90-F7	(2021)

Form 990-EZ (2021)

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Page 3

orm 990-EZ	(2021) EDGAR	CAYCE FC	UNDATION				54-05382			Page
		and							Yes	No
	organization engage, direc							1111	A Marine	
If "Yes,	complete Schedule C, Par Section 501(c)(3)	tl						46		X
art VI										
	All section 501(c)(3) o	177								
	Check if the organizat	tion used Schedu	ile O to respond to a	ny question in	this Part VI					N
-							r		Yes	N
	organization engage in lob									
If "Yes,"	complete Sch. C, Part II							47		X
Is the o	rganization a school as de	scribed in section 1	70(b)(1)(A)(ii)? If "Yes	," complete Sche	dule E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		48		X
a Did the	organization make any tra	nsfers to an exemp	t non-charitable related	organization?				49a		X
) If Yes,	was the related organizati	on a section 527 of	ganization?				L	49b		_
	te this table for the organiz				ficers, directo	rs, trustees, and key e	mployees) who ea	ch rec	eived n	lore
than \$1	00,000 of compensation fr				And And And And And		140	1		
	(a) Name and t	itle of each employ	96		rage hours devoted to	(C) Reportable compensation (Forms	(d) Health benefits contributions to	1 1-1	Estim	
		NC	NE	1.000 C 2010 C 2010 C 2010	sition	W-2/1099-MISC/ 1099-NEC)	employee benefit plans, and deferred	2 Contractors	mpensa	
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	mber of other employees p									
									nsation	
Total nu	mber of other independent	contractors each r	eceiving over \$100,000							
	organization complete Scho									
	ed Schedule A	<u></u>					▶ 🛛	Yes		No
er penaltie	s of perjury, I declare that	Thave examined th	is return, including acco	ompanying sche	dules and state	ments, and to the bes	t of my knowledge	and h	elief. i	is
correct, a	ind complete. Declaration of	prepared other t	an officer) is based on	all information of	of which prepa	er has any knowledge		1		
	Alla	& these	K			,	10/11	1×	7	
in 🗗	Signature of officer						Date 7			
re	REV. DR. N	ICOLE CH	ARLES, CHIE	GF EXECU	TIVE O	FFICER	c			
	Type or print name and title									
	Print/Type preparer's na	ime	Preparer's signature	9	Date	Check	if PTIN			
d	MELISSA H.	TUCKER,	MELISSA H	. TUCKEF		self- employ	red			
parer	CPA		CPA		10/08	/22	P007	165	15	
Only	Firm's name <b>PBM</b>		2				▶ 54-073			
y	Firm's address ▶15			TE 400		Phone no.	757-627			
		RFOLK, VA				L' none no.		20	1 1	
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 2021.04030 EDGAR CAYCE FOUNDATION
 208139C1

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the o	organization
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Name	ame of the organization Employer identification number										
_	- 1	EDGA	R CAYCE FOU	JNDATION				5	4-0538204		
Part	L	Reason for Public (	Charity Status.	All organizations must c	complete th	nis part.) S	ee instruction	S.			
The or	gani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of chu				n <b>170(b)</b> (1	I)(A)(i).				
2		A school described in section									
3 [		A hospital or a cooperative									
4 _		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(III). Enter	the hospital's name,		
- <b>-</b>	_	city, and state:	with a banafit of a cal	laga ar university overse			verementel	ait describe	ud in		
5 _		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
e [		section 170(b)(1)(A)(iv). (C A federal, state, or local gov		ontal unit described in	contion 17	70/6//4//4/	60				
6 ∟ 7 □	=	An organization that norma	•					o general r	ublic described in		
• _		section 170(b)(1)(A)(vi). (C	-		on a gove	annentai		ie general j			
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)						
9	=	An agricultural research org				ed in coniu	inction with a	land-orant	college		
		or university or a non-land-g	-			-		-	-		
		university:						0			
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
_		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).				
12	X	An organization organized a	-	-				•			
		more publicly supported or	-						Check the box on		
	v	lines 12a through 12d that	• •					-			
а	Δ	<b>Type I.</b> A supporting orga									
		the supported organization			i majority o	of the aired	tors or trustee	es of the sl	ipporting		
b		organization. <b>You must c</b> <b>Type II.</b> A supporting org	-		tion with it	e cupporte	d organizatio	a(c) by bay	ina		
D	L	control or management o	-				-		-		
		organization(s). You mus							bonce		
с		Type III functionally inte	-		in connect	tion with. a	and functional	lv integrate	d with.		
		its supported organization						., <u>.</u>			
d		] Type III non-functionally						ted organiz	ation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .				
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	I, Type III			
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.					
		r the number of supported o	• • • • • • • • • • • • • • • • • • • •						1		
g		vide the following information  ) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other		
	,	organization		(described on lines 1-10	(iv) Is the orga in your governi		support (see in	,	support (see instructions)		
700		IATION FOR		above (see instructions))	Yes	No		,			
		RCH AND ENLIGH	54-0573802	10	x			0.	0.		
			51 0575002								
Total								0.	0.		

Schedule	A (Form 990)	202
Part II	Suppor	t Sc

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support		1		1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
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						
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						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
<b>16</b> a	<b>33 1/3% support test - 2021.</b> If the o	organization did no	ot check the box o	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies		•				
b	<b>33 1/3% support test - 2020.</b> If the o	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatic	on qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	₅ ▶∟]
						Schedule A	(Form 990) 2021

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
~	the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			-	-		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	tion	▶□
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
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Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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1	Х	
2		Х
3a		X X
Ja		
3b		
20		
3c		
4a		Х
4b		
4c		
5a		X
5b		
5c		
6		X
		X
7		Х
8		x
0		<u> </u>
9a		X
9b		X
9c		Х
10a		X
10b		

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ule A (Form 990) 2021	EDGAR	CAYCE	FOUNDATION

Part IV Supporting Organizations (continued)

Х

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1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i>			

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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 VI** how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.

Sec	tion C. Type II Supporting Organizations	 	
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		

or management of the supporting organization was vested in the same persons that controlled or managed	
the supported organization(s).	
Section D. All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		2		

### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- 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.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>	).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

10

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

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 | | Schedule A (Form 990) 2021

2a

2b

3a

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Yes No

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 EDGAR CAYCE F			5	4-0538204	Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continue	ed)		
Sect	on D - Distributions				Current Yea	r
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	;	(iii) Distributable Amount for 20	-
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
<u>    i</u>	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 EDGAR	CAYCE FO	UNDATION		54-0538204 Page 8
Part VI	Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part (See instructions.)	ib, 4c, 5a, 6, 9a, 9 3; Part IV, Section	E, lines 1c, 2a, 2	b, 3a, and 3b; Part V, line 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
132028 01-04-2	22		13		Schedule A (Form 990) 202

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

A CONTRACTIC VEHICE OFFICE

Name of the organization

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# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2021

Employer identification number

54-0538204

E	DGAR	CAYCE	FOUNDATION
Organization type (check	one):		

Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots \longrightarrow$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

### Schedule B (Form 990) (2021)

EDGAR CAYCE FOUNDATION

Name of organization

Employer identification number

54-0538204

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Schedule B (Form 990) (2021)

2021.04030 EDGAR CAYCE FOUNDATION 208139C1

Schedule B (Fo	rm 990) (202	21)
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Name of organization

Page 3

Employer identification number

54-0538204

### EDGAR CAYCE FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	Noncash Froperty (see instructions). Use duplicate copies of Part		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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16231008 758849 208139C

2021.04030 EDGAR CAYCE FOUNDATION

Name of o	rganization		Employer identification number					
EDGAR	CAYCE FOUNDATION		54-0538204					
Part III		ions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) \$					
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			<u> </u>					
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
			· · · · · · · · · · · · · · · · · · ·					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-								
		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		[						
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee						
-	Transferee's name, address, and ZIP + 4							
		[						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-								
	(e) Transfer of gift							
-	Transferee's name, address, a	Relationship of transferor to transferee						
		[						
123454 11-11	1-21	17	Schedule B (Form 990) (2021)					

## 16231008 758849 208139C

2021.04030 EDGAR CAYCE FOUNDATION 208139C1

SCHEDULE O (Form 990)

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### Department of the Treasury Internal Revenue Service Name of the organization

 Supplemental Information to Form 990 or 990-EZ
 OMB №. 1545-0047

 Complete to provide information for responses to specific questions on
 Description

 Form 990 or 990-EZ or to provide any additional information.
 Attach to Form 990 or Form 990-EZ.

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

Employer identification number 54 - 0538204

## FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

EDGAR CAYCE FOUNDATION

DESCRIPTION OF PROPERTY:	AMOUNT :
ROYALTIES	1,128.
INTEREST	1,125.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	2,253.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DEPRECIATION EXPENSE	6,669.
OFFICE EXPENSES	322.
PAYROLL TAXES	3,643.
PRESERVATION EXPENSE	6,405.
TRAVEL	99.
ACCOUNTING FEES	1,745.
ADVERTISING	224.
TOTAL TO FORM 990-EZ, LINE 16	19,107.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET A	SSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUNT:
NET UNREALIZED GAINS		2,706.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	914.	914.
FORM 990-EZ, PART TIT, PRIMARY EXEMPT PURPOSE	- SUPPORT TO 501(C	)(3)

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Name of the organization EDGAR CAYCE FOUNDATION	Page 2 Employer identification number 54-0538204
ORGANIZATION; EDGAR CAYCE FOUNDATION IS A SUPPORTING ORGAN	NIZATION (SEC.
509(A)(3)) OF THE ASSOCIATION FOR RESEARCH AND ENLIGHTENME	ENT, INC. IN
THAT SUPPORTING ROLE, EDGAR CAYCE FOUNDATION WAS FORMED TO	PRESERVE AND
DISSEMINIATE THE READINGS OF EDGAR CAYCE.	
TO ACT AS CUSTODIANS AND OWNER OF COPIES OF PSYCHIC READIN	IGS GIVEN BY
EDGAR CAYCE. TO INDEX, CLASSIFY, COLLATE, EXTRACT FROM AND	D TAKE SUCH
OTHER STEPS AS WILL MAKE THE READINGS MORE READILY USABLE.	TO MAKE THE
READINGS AVAILABLE FOR USE, AND TO ENTER INTO AGREEMENTS F	OR THEIR USE,
WITH PROPERLY QUALIFIED INDIVIDUALS, ORGANIZATIONS AND COR	PORATIONS. TO
SECURE ADDITIONAL REPORTS ON THE READINGS FROM INDIVIDUALS	5 FOR WHOM
GIVEN, FROM PHYSICIANS, AND FROM OTHERS AS AND WHENEVER PC	SSIBLE.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISH	IMENTS:
2021 ACCOMPLISHMENTS:	
E.C.F. CONTINUES TO ADD METADATA AND WRITE FINDING AIDS	
FOR THE COLLECTIONS IN ITS CARE ON THE ARCHIVESSPACE PLATE	FORM. BY THE
END OF 2021, ALL PAPER COLLECTIONS THAT WERE PART OF THE A	ARCHIVE BEFORE
2018 WERE FULLY PROCESSED. FINDING AIDS FOR 33 COLLECTIONS	S ARE NOW
AVAILABLE ONLINE. NEW ACCESSIONS, PHOTOGRAPHY AND AUDIOVIS	SUAL
MATERIALS, ARTWORK/BLUEPRINTS AND ARTIFACTS ARE SCHEDULED	TO BE
PROCESSED DURING 2022-2023. THE ARCHIVIST WROTE PRELIMINAR	RY
DIGITIZATION PLANS FOR THE EDGAR CAYCE READINGS COLLECTION	I, THE E.C.F.
PHOTOGRAPHY COLLECTION, AND THE E.C.F. AUDIOVISUAL COLLECT	ION. THE
ARCHIVIST ANSWERED 207 RESEARCH REQUESTS IN 2021.	
E.C.F. CONTRIBUTED 4 ARTICLES TO VENTURE INWARD MAGAZINE,	A POST TO THE
A.R.E. BLOG, AND RECORDED A 7-EPISODE PODCAST ON EDGAR CAY	CE'S LECTURES
ABOUT HIS WORK ENTITLED WHAT I BELIEVE. IT ALSO CONSTRUCTE	D AN EXHIBIT
OUTSIDE THE ARCHIVE AND READING ROOM ENTITLED THE CAYCES I	
132212 11-11-21 19 231008 758849 208139C 2021.04030 EDGAR CAVCE 1	Schedule O (Form 990) 2021

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2021.04030 EDGAR CAYCE FOUNDATION 208139C1

Schedule O (Form 990) 2021	Page <b>2</b>		
Name of the organization EDGAR CAYCE FOUNDATION	Employer identification number 54-0538204		
ROADS: REST AND RECREATION IN VIRGINIA BEACH, NORFOLK AND	THE PENINSULA		
1925-1945. PHOTOGRAPHS AND DOCUMENTS TELL HOW THE CAYCE FA	MILY, THEIR		
FRIENDS AND COWORKERS SPENT THEIR FREE TIME IN THE LOCAL C	OMMUNITY,		
INCLUDING NATURAL AREAS AND HISTORIC SITES. E.C.F. SENDS A	STAFF EMAIL		
ENTITLED "PAST LIVES AND PAPERCLIPS" AT REGULAR INTERVALS	TO SHARE		
HIGHLIGHTS FROM THE ARCHIVAL COLLECTION. THE ARCHIVIST SPO	KE AT THE		
MEMORIAL SPIRITUALIST CHURCH IN NORFOLK, VA IN AUGUST 2021	ТО		
COMMEMORATE ANDREW JACKSON DAVIS' BIRTHDAY.			
THE ARCHIVIST PARTICIPATES IN THE BIWEEKLY WORK READINGS STUDY GROUP			
AND NOW FACILITATES THE WEEKLY WORLD PEACE / WORLD AFFAIRS STUDY GROUP,			
WHICH HAS GARNERED INTEREST FROM 100+ INDIVIDUALS IN 11 CO	UNTRIES.		
E.C.F. AGAIN HELPED PLAN VIRGINIA ARCHIVES MONTH AS A MEMBER OF THE			
WORKING GROUP. THE ARCHIVIST WAS NAMED THE VICE-CHAIR / CH	AIR-ELECT OF		
THE GRADUATE EDUCATION SUBCOMMITTEE FOR THE SOCIETY OF AMERICAN			
ARCHIVISTS (2022-2023). E.C.F. PARTICIPATED IN A Q&A ON SOCIAL MEDIA TO			
CELEBRATE ASK AN ARCHIVIST DAY. IN OCTOBER 2021, THE E.C.F.'S FINDING			
AIDS WERE ADDED TO THE VIRGINIA HERITAGE DATABASE OF ALL PARTICIPATING			
ARCHIVAL INSTITUTIONS IN THE STATE OF VIRGINIA.			

FOR	M 990-EZ,	PART V	/, INFOR	MATION RE	GARDING	PERSONA	L BENEFIT C	CONTRACTS:			
THE	ORGANIZAT	TION DI	ID NOT,	DURING TH	IE YEAR,	RECEIVE	ANY FUNDS,	DIRECTLY,			
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.											
THE	ORGANIZAT	TION, I	DID NOT,	DURING 1	HE YEAR	, PAY AN	Y PREMIUMS,	DIRECTLY,			
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.											

132212 11-11-21

lame of the organization	En	Employer identification number		
EDGAR CAYCE FOUNDA	ATION Cev Employees		54-05382	04
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of oth compensation
IARK THURSTON				
RUSTEE	1.25	0.	0.	0
ORA LITTLE (END JUNE-21)				
RUSTEE, BOARD CHAIR	1.25	0.	0.	C
AN DEMAR (END NOV-21)				
RUSTEE	1.25	0.	0.	<u> </u>
OU UMSCHEID (END NOV-21)				
RUSTEE	1.25	0.	0.	C
EVIN TODESCHI				
XECUTIVE DIRECTOR/CEO	0.50	0.	0.	0
2471 11-18-21			Schedu	le O (Form 9

2021.04030 EDGAR CAYCE FOUNDATION