**Form 990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

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### Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

#### Check if the organization used Schedule O to respond to any question in this Part I

<table>
<thead>
<tr>
<th>Revenue, gifts, grants, and similar amounts received</th>
<th>SEE SCHEDULE O</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contributions, gifts, grants, and similar amounts received</td>
<td>72,699</td>
</tr>
<tr>
<td>2 Program service revenue including government fees and contracts</td>
<td>2</td>
</tr>
<tr>
<td>3 Membership dues and assessments</td>
<td>3</td>
</tr>
<tr>
<td>4 Investment income</td>
<td>SEE SCHEDULE O</td>
</tr>
</tbody>
</table>

#### Revenue

<table>
<thead>
<tr>
<th>Revenue</th>
<th>SEE SCHEDULE O</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a Gross amount from sale of assets other than inventory</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td>5b</td>
</tr>
<tr>
<td>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td>
<td>5c</td>
</tr>
</tbody>
</table>

#### 6 Gaming and fundraising events:

<table>
<thead>
<tr>
<th>Revenue</th>
<th>SEE SCHEDULE O</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td>6a</td>
</tr>
<tr>
<td>b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)</td>
<td>6b</td>
</tr>
<tr>
<td>c Less: direct expenses from gaming and fundraising events</td>
<td>6c</td>
</tr>
<tr>
<td>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td>
<td>6d</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue</th>
<th>SEE SCHEDULE O</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a Gross sales of inventory, less returns and allowances</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td>7b</td>
</tr>
</tbody>
</table>

#### 8 Other revenue (describe in Schedule O) | SEE SCHEDULE O |

#### Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 |

<table>
<thead>
<tr>
<th>Revenue</th>
<th>SEE SCHEDULE O</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Total revenue. Add lines 1 through 8</td>
<td>75,083</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Expenses</th>
<th>SEE SCHEDULE O</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Grants and similar amounts paid (list in Schedule O)</td>
<td>10</td>
</tr>
<tr>
<td>11 Benefits paid to or for members</td>
<td>11</td>
</tr>
<tr>
<td>12 Salaries, other compensation, and employee benefits</td>
<td>12</td>
</tr>
<tr>
<td>13 Professional fees and other payments to independent contractors</td>
<td>13</td>
</tr>
<tr>
<td>14 Occupancy, rent, utilities, and maintenance</td>
<td>14</td>
</tr>
<tr>
<td>15 Printing, publications, postage, and shipping</td>
<td>15</td>
</tr>
<tr>
<td>16 Other expenses (describe in Schedule O)</td>
<td>16</td>
</tr>
<tr>
<td>17 Total expenses. Add lines 10 through 16</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>SEE SCHEDULE O</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td>18</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Net Assets</th>
<th>SEE SCHEDULE O</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 Net assets or fund balances at beginning of year (from line 27, column (A))</td>
<td>19</td>
</tr>
</tbody>
</table>

- (must agree with end-of-year figure reported on prior year's return)

<table>
<thead>
<tr>
<th>Net Assets</th>
<th>SEE SCHEDULE O</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>20</td>
</tr>
<tr>
<td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>21</td>
</tr>
</tbody>
</table>

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**LHA** For Paperwork Reduction Act Notice, see the separate instructions.

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**Form 990-EZ (2018)**
**Part II** Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>196,701. 22</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>0. 23</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>204,945. 25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>204,945. 27</td>
</tr>
</tbody>
</table>

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III [X]

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Part IV** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILLIAM AUSTIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE, BOARD CHAIR</td>
<td>0.25</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>GORGIANA ALONZO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>0.25</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PAT BISHOP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>0.25</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>LESLIE CAYCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>0.25</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DAN DEMAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>0.25</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VIRDELLA DENWIDDIE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>0.25</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DOUG KNUEVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>0.25</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>LORA LITTLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>0.25</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MARTHA LOVELAND</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>0.25</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PENNY SANCHEZ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>0.25</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>LOU UMSCHEID</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>0.25</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>KEVIN TODESCHI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR/CEO</td>
<td>0.50</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.

Did 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, among others)?

If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.

Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.

Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.

Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

If "Yes" to line 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.

Did the organization have a controlled entity within the meaning of section 501(c)(6)?

Did the organization have a controlled entity within the meaning of section 501(c)(7)?

Did the organization have a controlled entity within the meaning of section 501(c)(8)?

If "Yes," complete Schedule L, Part II and enter the total amount involved.

Did 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, among others)?

If "Yes," did the organization file Form 1120-POL for this year?

Did the organization receive any payments for indoor tanning services during the year?

Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

Did the organization file Form 8888-T for this year?

Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule O.

List the states with which a copy of this return is filed.

If "Yes," enter the name of the foreign country:

Are any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).

Was the organization a 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 of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.

Did 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, among others)?

Section 501(c)(1) organizations. Enter: initiation fees and capital contributions included on line 9.

Gross receipts, included on line 9, for public use of club facilities.

If "Yes," complete Schedule L, Part II and enter the total amount involved.

Did the organization have a controlled entity within the meaning of section 501(c)(13)?

If "Yes," to line 512(b)(13), has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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)?

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:

Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

If "Yes," to line 512(b)(13), has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.
**Part VI** Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>48</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>49a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>49b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "NONE."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation ( Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**51** Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "NONE."

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

<table>
<thead>
<tr>
<th>Signature of officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEVIN TODESCHI, EXECUTIVE DIRECTOR/CEO</td>
<td>5-12-2019</td>
</tr>
</tbody>
</table>

**Paid Preparer Use Only**

<table>
<thead>
<tr>
<th>Print/Type preparer’s name</th>
<th>Preparer’s signature</th>
<th>Date</th>
<th>Check</th>
<th>PTIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>MELISSA H. TUCKER</td>
<td>MELISSA H. TUCKER</td>
<td>05/10/19</td>
<td></td>
<td>P00716515</td>
</tr>
</tbody>
</table>

Firm’s name: PBMARES LLP
Firm’s address: 150 BOUSH STREET, SUITE 400 NORFOLK, VA 23510
Firm’s EIN: 54-0737372
Phone no.: 757-627-4644

May the IRS discuss this return with the preparer shown above? See instructions.

**Yes** | **No**

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832174 12-11-18

17220510 758849 208139C 2018.03030 EDGAR CAYCE FOUNDATION 208139C2
**Part I: Reason for Public Charity Status**

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2. [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)

3. [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4. [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state, if applicable.

5. [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6. [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7. [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)

8. [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9. [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10. [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

11. [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12. [X] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

   a. [X] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

   b. [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

   c. [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

   d. [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

   e. [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

   f. [ ] Enter the number of supported organizations: **1**

   g. [ ] Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSOCIATION FOR RESEARCH AND ENLIGHT</td>
<td>54-0573802</td>
<td>X</td>
<td>Yes</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

**Total: 0.0 0.0**

**LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018
**Section A. Public Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public support. Subtract line 5 from line 4.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total support. Add lines 7 through 10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td><strong>First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support percentage from 2017 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the “facts-and-circumstances” test, check this box and stop here. Explain in Part VI how the organization meets the “facts-and-circumstances” test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Code</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>Code</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Notes

- **33 1/3% support tests - 2016**: If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, the organization qualifies as a publicly supported organization.
- **33 1/3% support tests - 2017**: If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, the organization qualifies as a publicly supported organization.
- **Private foundation**: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
## Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are all of the organization’s supported organizations listed by name</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>in the organization’s governing documents? If “No,” describe in Part VI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>how the supported organizations are designated. If designated by class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or purpose, describe the designation. If historic and continuing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>relationship, explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did the organization have any supported organization that does not</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>have an IRS determination of status under section 509(a)(1) or (2)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” explain in Part VI how the organization determined that the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Did the organization have a supported organization described in</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization confirm that each supported organization qualified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>under section 501(c)(4), (5), or (6) and satisfied the public support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tests under section 508(a)(2)? If “Yes,” describe in Part VI when and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization ensure that all support to such organizations</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a. Was any supported organization not organized in the United States</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(“foreign supported organization”)? If “Yes,” and if you checked 12a or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have ultimate control and discretion in</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>deciding whether to make grants to the foreign supported organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” describe in Part VI how the organization had such control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and discretion despite being controlled or supervised by or in connection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with its supported organizations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization support any foreign supported organization that</td>
<td></td>
<td></td>
</tr>
<tr>
<td>does not have an IRS determination under sections 501(c)(3) and 509(a)(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or (2)? If “Yes,” explain in Part VI what controls the organization used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to ensure that all support to the foreign supported organization was</td>
<td></td>
<td></td>
</tr>
<tr>
<td>used exclusively for section 170(c)(2)(B) purposes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Did the organization add, substitute, or remove any supported</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>organizations during the tax year? If “Yes,” answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(if applicable). Also, provide detail in Part VI, including (i) the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>names and EIN numbers of the supported organizations added, substituted,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or removed; (ii) the reasons for each such action; (iii) the authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>under the organization’s organizing document authorizing such action; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv) how the action was accomplished (such as by amendment to the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>organizing document).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Type I or Type II only. Was any added or substituted supported</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>organization part of a class already designated in the organization’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>organizing document?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Substitutions only. Was the substitution the result of an event</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>beyond the organization’s control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did the organization provide support (whether in the form of grants</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>or the provision of services or facilities) to anyone other than (i) its</td>
<td></td>
<td></td>
</tr>
<tr>
<td>supported organizations, (ii) individuals that are part of the charitable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>class benefited by one or more of its supported organizations, or (iii)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other supporting organizations that also support or benefit one or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of the filing organization’s supported organizations? If “Yes,” provide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did the organization provide a grant, loan, compensation, or other</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>similar payment to a substantial contributor (as defined in section</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4958(c)(3)(C)), a family member of a substantial contributor, or a 35%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>controlled entity with regard to a substantial contributor? If “Yes,”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization make a loan to a disqualified person (as defined</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>in section 4958) not described in line 7? If “Yes,” complete Part I of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a. Was the organization controlled directly or indirectly at any time</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>during the tax year by one or more disqualified persons as defined in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did one or more disqualified persons (as defined in line 9a) hold a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>controlling interest in any entity in which the supporting organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>had an interest? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did a disqualified person (as defined in line 9a) have an ownership</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>interest in, or derive any personal benefit from, assets in which the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>supporting organization also had an interest? If “Yes,” provide detail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Was the organization subject to the excess business holdings rules</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>of section 4943 because of section 4943(f) (regarding certain Type II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>supporting organizations, and all Type III non-functionally integrated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>supporting organizations)? If “Yes,” answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have any excess business holdings in the tax year</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>? (Use Schedule C, Form 4720, to determine whether the organization had</td>
<td></td>
<td></td>
</tr>
<tr>
<td>excess business holdings.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
      11a X
   b A family member of a person described in (a) above?
      11b X
   c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.
      11c X

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
   1 X

Section C. Type II Supporting Organizations

1 Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

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 in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," explain in Part VI the role the organization’s supported organizations played in this regard.
   3

Section E. Type III Functionally Integrated Supporting Organizations

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

2 Activities Test. Answer (a) and (b) 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.
      2a

   b Did the activities described in (a) 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.
      2b

3 Parent of Supported Organizations. Answer (a) and (b) below.

   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
      3a

   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
**Section A - Adjusted Net Income**

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

**Section B - Minimum Asset Amount**

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in <strong>Part VI</strong>):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

**Section C - Distributable Amount**

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
[Part VI] Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
** Schedule B **

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDGAR CAYCE FOUNDATION</td>
<td>54-0538204</td>
</tr>
</tbody>
</table>

** Organization type (check one): **  

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
</tbody>
</table>

** Check if your organization is covered by the General Rule or a Special Rule. **

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

** General Rule **

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

** Special Rules **

- 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

** Caution:** An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA

** For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. **
**EDGAR CAYCE FOUNDATION**

### Part I Contributors

(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$5,000.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$7,245.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$44,100.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$6,000.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part II Noncash Property

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

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>875 SHARES (MXIM) MAXIM INTEGRATED PROD</td>
<td>$44,100.</td>
<td>12/31/18</td>
</tr>
</tbody>
</table>

(See instructions.)
EDGAR CAYCE FOUNDATION 54-0538204

Part III  Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ➤ $

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee
----------------------------------------|----------------------------------------

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee
----------------------------------------|----------------------------------------

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee
----------------------------------------|----------------------------------------

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee
----------------------------------------|----------------------------------------

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
### SCHEDULE O (Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDGAR CAYCE FOUNDATION</td>
<td>54-0538204</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DESCRIPTION OF PROPERTY</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVESTMENT INCOME</td>
<td>2,384.</td>
</tr>
</tbody>
</table>

#### FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<table>
<thead>
<tr>
<th>DESCRIPTION OF OTHER EXPENSES</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVERTISING</td>
<td>220.</td>
</tr>
<tr>
<td>DEPRECIATION EXPENSE</td>
<td>922.</td>
</tr>
<tr>
<td>OFFICE EXPENSES</td>
<td>1,768.</td>
</tr>
<tr>
<td>PAYROLL TAXES</td>
<td>2,971.</td>
</tr>
<tr>
<td>PRESERVATION EXPENSE</td>
<td>8,746.</td>
</tr>
<tr>
<td>PROGRAM EXPENSE</td>
<td>288.</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>767.</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-EZ, LINE 16</td>
<td>15,682.</td>
</tr>
</tbody>
</table>

#### FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLEDGES AND GRANTS RECEIVABLE</td>
<td>7,500.</td>
<td>0.</td>
</tr>
<tr>
<td>PREPAID EXPENSES</td>
<td>744.</td>
<td>469.</td>
</tr>
<tr>
<td>OTHER DEPRECIABLE ASSETS</td>
<td>0.</td>
<td>14,081.</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-EZ, LINE 24</td>
<td>8,244.</td>
<td>14,550.</td>
</tr>
</tbody>
</table>

#### FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUE TO ARE</td>
<td>0.</td>
<td>6,379.</td>
</tr>
</tbody>
</table>

---

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18

17220510 758849 208139C 208139C2 2018.03030 EDGAR CAYCE FOUNDATION
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SUPPORT TO 501(C)(3) ORGANIZATION; EDGAR CAYCE FOUNDATION IS A SUPPORTING ORGANIZATION (SEC. 509(A)(3)) OF THE ASSOCIATION FOR RESEARCH AND ENLIGHTENMENT, INC. TO ACT AS CUSTODIANS AND OWNER OF COPIES OF PSYCHIC READINGS GIVEN BY EDGAR CAYCE. TO INDEX, CLASSIFY, COLLATE, EXTRACT FROM AND TAKE SUCH OTHER STEPS AS WILL MAKE THE READINGS MORE READILY USABLE. TO MAKE THE READINGS AVAILABLE FOR USE, AND TO ENTER INTO AGREEMENTS FOR THEIR USE, WITH PROPERLY QUALIFIED INDIVIDUALS, ORGANIZATIONS AND CORPORATIONS. TO SECURE ADDITIONAL REPORTS ON THE READINGS FROM INDIVIDUALS FOR WHOM GIVEN, FROM PHYSICIANS, AND FROM OTHERS AS AND WHENEVER POSSIBLE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

2018 ACCOMPLISHMENTS:


COMPONENT OF COLLECTIVE ACCESS. THE WEBSITE SHOULD BE PUBLIC IN MAY-JUNE OF 2019. APPROXIMATELY 40 PERCENT OF THE E.C.F. ARCHIVE HAS BEEN INVENTORIED, WITH PARTICULAR EMPHASIS GIVEN TO THE EDGAR CAYCE READINGS AND THE CAYCE FAMILY COLLECTION.

E.C.F. IS ALSO WORKING WITH THE SPACE SAVERS COMPANY TO INSTALL ARCHIVAL QUALITY-MOBILE SHELVING. THIS SHELVING CONSISTS OF ROLLING METAL CARRELS THAT ARE POWDER-COATED WITH A CHEMICALLY-STABLE COMPOUND THAT WILL NOT OFF-GAS AND DAMAGE THE MATERIALS. THE SHELVING WILL ADD ABOUT 1/3 MORE SPACE TO THE ARCHIVE. CONSTRUCTION WILL BEGIN IN JULY OF 2019.


E.C.F. HOPES TO APPLY FOR GRANT FUNDING FROM CULTURAL HERITAGE ORGANIZATIONS TO DIGITIZE AND PRESERVE ITS ENDANGERED MEDIA COLLECTION. FURTHERMORE, E.C.F. IS IN DISCUSSION WITH HAMPTON UNIVERSITY TO APPLY FOR A NATIONAL ENDOWMENT FOR THE HUMANITIES GRANT FOR FUNDING AN INTERNSHIP PROGRAM FOR ITS HISTORY STUDENTS.

IN ADDITION TO PRESERVING AND MAKING ACCESSIBLE ITS ARCHIVAL COLLECTION, E.C.F. HAS CONCENTRATED ON INCREASING ITS PRESENCE AMONG A.R.E. MEMBERSHIP AS WELL AS IN THE WIDIER PROFESSIONAL ARCHIVAL FIELD.

ARCHIVIST JESSICA NEWELL HAS REVIVED THE E.C.F. COLUMN IN VENTURE
INWARD MAGAZINE WITH "CAYCE CHRONICLES" TO SHARE INTERESTING STORIES AND NEWS FROM THE ARCHIVE. THE UPCOMING E.C.F. WEBSITE WILL ALSO HAVE A CONSISTENTLY UPDATED BLOG.


EDGAR CAYCE FOUNDATION

ARE DEDICATED TO PRESERVING THE HISTORY OF THE EDGAR CAYCE WORK IN THE BEST WAY POSSIBLE. THIS ASSESSMENT COULD NOT HAVE HAPPENED WITHOUT THE SUPPORT OF SEVERAL CONTRIBUTIONS. WE ARE SO GRATEFUL AND APPRECIATIVE FOR THE CONTINUED SUPPORT.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.
Form 8879-EO
IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning__20_ and ending__20_.

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization
EDGAR CAYCE FOUNDATION

Employer identification number
54-0538204

Name and title of officer
KEVIN TODESCHI
EXECUTIVE DIRECTOR/CEO

Part I Type of Return and Return Information (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0). But, if you entered 0 on the return, then enter 0 on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here X  b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b
2a Form 990 EZ check here  b Total revenue, if any (Form 990 EZ, line 9) 2b
3a Form 1120-POL check here  b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here  b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here  b Balance Due (Form 8868, line 3c) 5b

Part II Declaration and Signature Authorization of Officer
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

X I authorize PBMARES LLP

ERO firm name

Enter five numbers, but do not enter all zeros
12345

as my signature on the organization’s tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Officer’s signature

Date 5/10/2019

Part III Certification and Authentication
ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54448145678

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO’s signature PBMARES LLP

Date 05/03/19

EROS Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)
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