Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2018

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A	For the	2018 calendar year, or tax year beginning , 2018, and ending			, 20
_	Check if ap		Empl	oyer ide	entification number
\checkmark	Address o	change The_losh Seidel Memorial Foundation		4	6-4339719
	Name cha	Telep	hone n		
Н	Initial retu	11267 Somerset Field Drive		(31	4) 706-6314
H	Final retur Amended	myterminated	Grou		mption
H		d return Chesterfield, MO 63005		ber 🕨	•
G			eck I	► Di	f the organization is not
	Nebsite				ach Schedule B
JI	ax-exen		•)-EZ, or 990-PF).
		forganization: Corporation Trust Association Other			
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets		
(Pa	rt II, col	lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	struc	tions	for Part I)
		Check if the organization used Schedule O to respond to any question in this Part I.			
	1	Contributions, gifts, grants, and similar amounts received		1	3,370
	2	Program service revenue including government fees and contracts	.	2	
	3	Membership dues and assessments	. 1	3	
	4	Investment income	. 1	4	
	5a	Gross amount from sale of assets other than inventory 5a	İ		
	Ь	Less: cost or other basis and sales expenses	\neg		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	\Box	5c	
	6	Gaming and fundraising events:	ľ		
	а	Gross income from gaming (attach Schedule G if greater than		ĺ	
<u>n</u> e	1	\$15,000)	l		
Revenue	Ь	Gross income from fundraising events (not including \$ of contributions			
æ		from fundraising events reported on line 1) (attach Schedule G if the			
		sum of such gross income and contributions exceeds \$15,000) 6b 178	,932		
)	С	Less: direct expenses from garning and fundraising events 6c 34	,909		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act		
,		line 6c)	. [6d	144,023
	7a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)	. [8	
l	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	147,393
!	10	Grants and similar amounts paid (list in Schedule O)	. [10	51,500
; :	11	Benefits paid to or for members	.	11	
es ?	12	Salaries, other compensation, and employee benefits	.	12	
S S	13	Professional fees and other payments to independent contractors	.	13	
Expense	14	Occupancy, rent, utilities, and maintenance	.	14	
Ш	1	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	130
	17	Total expenses. Add lines 10 through 16	•	17	51,630
ħ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	95,763
š	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w			
ĕ		end-of-year figure reported on prior year's return)		19	306,266
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-10,374
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	•	21	391,655
For	Panen	work Reduction Act Notice, see the separate instructions. Cat. No. 10642			Form 990-EZ (2018)

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Pa	rt II Balance Sheets (see the instructions f	•				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		
22	Cash, savings, and investments		}	306,266	22	391,655
23	Land and buildings				23	331,033
24	Other assets (describe in Schedule O)		[24	
25	Total assets			306,266		391,655
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			306,266	27	391,655
Par	Statement of Program Service Accompand Check if the organization used Schedule	,		•		Expenses
Wha	t is the organization's primary exempt purpose?					quired for section
	ribe the organization's program service accomplis					(c)(3) and 501(c)(4) anizations; optional for
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			othe	ers)
	Grants to Christian Brothers College High School for		s and Robotics Tear	n]
00	(Grants \$ 30,000) If this amount				28 a	30,000
29	Scholarship awards to University of Missouri student	IS				1
						1
	(Grants \$ 10,000) If this amount	ıncludes foreign gra	ints, check here .	b 🔲	29a	10,000
30	Grant to University City Schools in St. Louis for STEM	M program				
						1
	(Grants \$ 9,000) If this amount	maludas foreign gra	nto chock horo		30a	
31	(Grants \$ 9,000) If this amount Other program services (describe in Schedule O)	includes foreign gra	ints, check here .	· · · • • • • • • • • • • • • • • • • •	302	9,000
٠.	(Grants \$ 2,500) If this amount				31a	2,500
32	Total program service expenses (add lines 28a t				32	
Par					nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this (c) Reportable	Part IV		<u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(e) · · · · · · · · · · · · · · · · · · ·	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
Mich	ael Blake, Director				1	
		2			0	0
Andr	ew Bosworth, Director		Í			
		2		<u></u>	9	0
Kevii	n Deptula, Director	2	٥		0	0
Brad	ey Eisel, Director	<u> </u>			7	
HIMP.		2	o		0	. 0
Jan F	ogarty, Director				Ţ	
		2			0	0
Eric	ritsche, Director/President		}			
Doni	el Hefley, Director	2	o		<u> </u>	0
Daill	i Helley, Director	2	l		0	0
Rona	ld Hefley, Director				*	
		2			0	0
Benja	min Keane, Director/VP/Secretary					
		2	o		0	0
Mich	ael Link, Director	_		}		•
Mich	ael Maloney, Director/VP/Treasurer	2	<u></u>	 	9	0
TAILCIL	ier maioriej, Director ver i reasurer	2			0	0
Ryan	O'Toole, Director	<u>-</u>			Ť	
	Frost, Director	2	0		0	0

ABGO

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Pan		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	\vdash	Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were 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	24		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		V
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
c	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	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<i>\</i>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		√
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a	Initiation fees and capital contributions included on line 9	'		
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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 of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	i		ļ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	—	✓
41	List the states with which a copy of this return is filed ► None			
42a		316) 93	~~~~	2
b	Located at ► 6545 Sangamore Road, Mission Hills, KS ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	662		Ma
b		42b	Yes	No_
	If "Yes," enter the name of the foreign country ▶	720		_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	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 ▶	42c		✓
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		. 1	- 🗆
_			Yes	No
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		→
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	44b	-	
С	Did the organization receive any payments for indoor tanning services during the year?	44c		▼
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		I TOD '		

Form'99	0-EZ (2	018)								F	age 4
				· ·						Yes	No
46		he organization engage, directly or in									لـــــــــــــــــــــــــــــــــــــ
		ndidates for public office? If "Yes," o		, Part I	• • •	<u>· · · · · · · · · · · · · · · · · · · </u>		•	46		✓
Part	_	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que				plete th	e tak	oles f	or lin	es \Box
		Check in the organization used oci	redute O to respond	to any question	111 11113 1 41	<u>. 41 .</u>		• •	<u> </u>	Yes	No
47		he organization engage in lobbying? If "Yes," complete Schedule C, Part		section 501(h) ele					47	100	1
48	Is the	organization a school as described in	section 170(b)(1)(A)(i)? If "Yes," comple	ete Schedul	le E.			48		7
49a	Did th	he organization make any transfers to	an exempt non-cha	ritable related orga	anization?				49a		✓
b		es," was the related organization a se							49b		
50		plete this table for the organization's									
	empl	oyees) who each received more than	\$100,000 of comper	sation from the or				e, en	ter "N	one."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contribu		employee i deferred		stimate ner com		
None											
					- 1						
											
				<u> </u>	-						
f	Total	number of other employees paid over	er \$100,000	. ▶							
51		plete this table for the organization's,000 of compensation from the orga			ent contrac	ctors w	ho each	rece	eived	more	than
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(c) Comp	oensatio	on	
None										_	
						_					
						ĺ					
						\dashv					
			·								
				ĺ							
		number of other independent contra	_		.▶						
52		the organization complete Schedu	le A? Note: All se	ction 501(c)(3) o	rganızation	s mus	t attacl		7		
		oleted Schedule A	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>		Yes		No
		of perjury, I declare that I have examined this r d complete Declaration of preparer (other than						nowled	lge and	belief,	rt is
	1 1 1	12/	,				1.11	<u> </u>			
Sign		Signature of officer				Date	111 0	<u> </u>	-		
Here		▲ Eric Fritsche, Director and Preside	nt								
	-	Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	ıf	PTIN		
Prepa	arer		.]				self-emplo				
Use (Firm's name ▶				Fırm's l	EIN ►				
		Firm's address ▶				Phone	no				
May th	ie iRS	discuss this return with the preparer	snown above? See i	nstructions				▶ -	Yes	1 1 1	Nο

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-FZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

46-4339719 The Josh Seidel Memorial Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 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). 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: 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)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN 5 (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E) Total

Schettu	le A (Form 990 or 990-EZ) 2018						Page 2
Part		tions Descri	ped in Section	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi	
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	organization	n failed to qua	
	Part III. If the organization fails to	qualify unde	the tests lis	ted below, ple	ease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ļ			
	include any "unusual grants.")	125872	154113	150620	59120	147393	637118
2	Tax revenues levied for the						
	organization's benefit and either paid			ļ			
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	İ					
4	Total. Add lines 1 through 3	125872	154113	150620	59120	147393	637118
4	•	1230/2	154113	150020	39120	177383	037110
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly	ŀ			į		
	supported organization) included on	İ			ĺ		
	line 1 that exceeds 2% of the amount	İ					
	shown on line 11, column (f)	ŀ					0
6	Public support. Subtract line 5 from line 4						637118
Sect	on B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Calci	dai year (or noodi year beginning ii)	(a) 2017	(2) 20.0		(-)	(0) 20:0	117 10141
7	Amounts from line 4	125872	154113	150620	59120	147393	637118
_	Amounts from line 4			 ` '			
7	Amounts from line 4			 ` '			
7	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from			 ` '			
7 8	Amounts from line 4			 ` '			
7	Amounts from line 4			 ` '			
7 8	Amounts from line 4			 ` '			
7 8 9	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on			 ` '			
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or			 ` '			
7 8 9	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on			 ` '			
7 8 9	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			 ` '			
9 10	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	125872	154113 ns)	150620	59120	147393	637118
7 8 9 10	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10	125872 (see instructio	ns)	150620	59120	147393 12 ear as a section	637118 637118 n 501(c)(3)
9 10 11 12 13	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here	(see instruction e organization	ns)	150620	59120	147393	637118 637118 n 501(c)(3)
9 10 11 12 13	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop heron C. Computation of Public Supports.	(see instruction e organization re	ns)	150620	or fifth tax ye	147393 12 ear as a section	637118 637118 n 501(c)(3)
7 8 9 10 11 12 13 Secti	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Suppor	(see instruction e organization re	ns)	150620		147393 12 ear as a section 14	637118 637118 n 501(c)(3) • □
7 8 9 10 11 12 13 Secti 14 15	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Suppor Public support percentage for 2018 (line 6) Public support percentage from 2017 Sch	(see instruction e organization re	ns)	150620	59120	12 ear as a section 14 15	637118 637118 n 501(c)(3)
7 8 9 10 11 12 13 Secti	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support Public support percentage for 2018 (line 6 Public support percentage from 2017 Sch 331/3% support test—2018. If the organization of the computation of the com	(see instruction e organization e	ns)	150620 d, third, fourth,	or fifth tax ye	147393 12 Par as a section 14 15 1/3% or more,	637118 637118 100 % 100 % 100 % check this
7 8 9 10 11 12 13 Secti 14 15 16a	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop heron C. Computation of Public Support Public support percentage for 2018 (line 6 Public support percentage from 2017 Sch 331/3% support test—2018. If the organization qual	(see instruction e organization e	ns)	d, third, fourth,	or fifth tax ye	147393 12 Par as a section 14 15 1/3% or more,	637118 637118 100 % 100 % 100 % check this
7 8 9 10 11 12 13 Secti 14 15	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support Public support percentage from 2017 Sch 331/3% support test—2018. If the organization qual 331/3% support test—2017. If the organization qual 331/3% support test—2017. If the organization qual	(see instruction e organization fe	ns)	150620 d, third, fourth, on line 13, an organization In line 13 or 16a	59120	147393 12 ear as a section 14	637118 637118 637118 100 % 100 % check this ► ✓
7 8 9 10 11 12 13 Secti 14 15 16a b	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop heron C. Computation of Public Support Public support percentage for 2018 (line 6 Public support percentage from 2017 Sch 331/3% support test—2018. If the organization qual	(see instruction e organization (f) divided in the control of the	ns)	d, third, fourth, or on line 13, an organization in line 13 or 16arted organization	59120	147393 12 ear as a section 14 15 1/3% or more,	637118 637118 100 % 100 % 100 % check this .

Part							
•	(Complete only if you checked the						nder Part/1.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.)	
	ion A. Public Support	Y	1	T			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	ĺ	İ			1	Y
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	ļ		}]		1
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf				/		
5	The value of services or facilities						
	furnished by a governmental unit to the	}	1				
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					-	
	received from disqualified persons .	ĺ			ĺ	ĺ	[
b	Amounts included on lines 2 and 3		1				
_	received from other than disqualified			/			
	persons that exceed the greater of \$5,000		Į.				1
	or 1% of the amount on line 13 for the year		,	Y			İ
С	Add lines 7a and 7b		 	 			
8	Public support. (Subtract line 7c from		 				
•	line 6.)	}		}		}	1
Secti	on B. Total Support	L	' / 	l	l	<u> </u>	
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	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		<u> </u>				
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	/			-		· ····
11	Net income from unrelated business/	/					
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines/9, 10c, 11,					-	
	and 12.)		ļ	ļ			1
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d. third. fourth	or fifth tax v	ear as a sectio	on 501(c)(3)
• •	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line			13. column (fl)		15	%
16	Public support percentage from 2017 Scl		•			16	%
	on D. Computation of Investment In			<u> </u>			
17	Investment income percentage for 2018 (ov line 13. colu	mn (f))	17	 %
18	Investment income percentage from 2017			•		18	%
19a	331/3%/support tests—2018. If the organ						
	17 is not more than 331/3%, check this box						
ь	33//3% support tests - 2017. If the organiz		-				
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	•	-	•	-	•	
				,,			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	_	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	·	
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 .	5c		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
b	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9a 9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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			
b	supporting organizations)? If "Yes," answer 10b below. 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.)	10a 10b		

Part	IV Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		İ	
а				
	below, the governing body of a supported organization?	11a	<u></u>	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l	
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	\vdash	163	140
•	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	<u> </u>	! 	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u> </u>		
	supervised, or controlled the supporting organization.	2	l	<u> </u>
Secti	on C. Type II Supporting Organizations		r	
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	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).			 -
Secti	on D. All Type III Supporting Organizations	1		<u> </u>
<u>Jecui</u>	on b. All Type in Supporting Significations		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		Ì	ł
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			<u> </u>
	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	1		ł
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			<u> </u>
Cook	on E. Type III Functionally Integrated Supporting Organizations	_3_	<u> </u>	<u> </u>
			otion	~ \
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i The organization satisfied the Activities Test. Complete line 2 below.	nstf#	CHOITS	3 /.
a b	The organization satisfied the Activities rest. Complete line 2 below. 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 ın	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	$\overline{}$
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			[
	those supported organizations and explain how these activities directly furthered their exempt purposes,]
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
^		2b	<u> </u>	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Plid the expanization have the power to regularly appears or elect a majority of the efficiency directors or]]
а	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? <i>Provide details in Part VI.</i>		 -	
h		Ja		
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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		_
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			_
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u> </u>
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	y int	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	Current Year			
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets		"	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	.	· · · · · ·	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	-
10	Line 8 amount divided by line 9 amount			
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013		···-	
b	From 2014			
С_	From 2015			
d	From 2016			
e	From 2017			
<u>f</u> _	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years		. <u> </u>	
<u>h</u>	Applied to 2018 distributable amount			
<u> </u>	Carryover from 2013 not applied (see instructions)		 	
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	·		
4	Distributions for 2018 from			
	Section D, line 7:			
<u>a</u> _	Applied to underdistributions of prior years		<u></u>	
b_	Applied to 2018 distributable amount	<u>-</u>	··· ·	
_ <u>c</u> _				
5	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.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
a_	Excess from 2014			
<u>b</u>	Excess from 2015			
C	Excess from 2016		——————————————————————————————————————]
d	Excess from 2017			
е	Excess from 2018			

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 G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or If the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest Information.

OMB No 1545-0047

Name o	of the organization	-				Employer identific	cation number
The Jo	osh Seidel Memorial Foundation						-4339719
Par	Fundraising Activities. Form 990-EZ filers are	. Complete if the not required to	ne organiza complete	ation ansv this part.	vered "Yes" on I	Form 990, Part IV,	line 17.
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e 🗆		ion of non-govern		
b	☐ Internet and email solicitation	ons	f [on of government		
С	☐ Phone solicitations		g 🗆] Special i	fundraising events	;	
d	☐ In-person solicitations						
2a	Did the organization have a wri						
Ь	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	ursuant to agreem	ents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		<u>, , , , , , , , , , , , , , , , , , , </u>	
1		ļ					
2							
3							
4							
5	 						
6	<u> </u>						
7			 			<u></u>	
8		 			-		
9			 				
10							
Total	<u> </u>			►			
3	List all states in which the organization or licensing.				olicit contribution	s or has been notifi	ed it is exempt from

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		3. 444				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Trivia4Josh (event type)	(event type)	(total number)	(add col (a) through col (c))
ē			(ovalit typo)	(crow spa)	(total issues)	
Revenue	1	Gross receipts	176033			176033
Œ	2	Less: Contributions	0		ļ	0
	3	Gross income (line 1 minus line 2)	176033			176033
	4	Cash prizes	2100			2100
	5	Noncash prizes	3057			3057
ses	6	Rent/facility costs	5230			5230
Direct Expenses	7	Food and beverages	7384			7384
Direct	8	Entertainment	2272			2272
	9	Other direct expenses .	13887			13887
	40	Durant avmanaa avmanan. Aa	ld lines 4 through 0 in s	aluma (d)		
	10 11	Direct expense summary. Ad Net income summary. Subtra				33930 142103
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe			or reported more than
0				(b) Pull tabs/instant		(d) Total gaming (add
ž			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue	_					
_	1	Gross revenue				
Direct Expenses	2	Cash prizes		_		
	3	Noncash prizes				
	4	Rent/facility costs				
٦	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		-
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)	<u>,</u> .	
		-				
9		nter the state(s) in which the or the organization licensed to co				
	b If "	"No," explain:				
10	- 34/	ere any of the organization's g			~~~~~~~	
_	a w	ere any of the organization s u	aming licenses revoked	ı, suspended, or termin	ated during the tax vear	r . ∐ tes i No
		"Yes," explain:				

Schèdu	ule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	iii) and (nal infor	v); and nation.

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

The Josh Seidel Memorial Foundation

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Inspection **Employer Identification number**

46-4339719

Form 990-EZ, Part I, Line 10 - This amount represents grants paid to Christian Brothers College High School for Innovation Commons and
Robotics Team, Scholarship awards to University of Missouri students, grant to University City Schools in St. Louis for STEM program, and a
grant to St. Louis County Libraries to support coding courses.
Form 990-EZ, Part I, Line 16 - This amount represents expenses incurred for Organizational gatherings and other administrative expenses.
Form 990-EZ, Part I, Line 20 - This amount represents a decrease in the value of the investments of The Josh Seidel Memorial Foundation accounts of approximately (\$10,374).
Form 990-EZ, Part III, Line 31 - This amount represents a grant to St. Louis County Libraries to support coding courses, and a donation to a
charitable organization.
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